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ABSTRACT

Proceedings are presented of a conference which addressed services to infants and young children with developmental delays and their families in rural areas. Contents include: results of a survey of 42 respondents regarding rural service delivery; excerpts from Magnolia Circle Outreach Project newsletters; views on problems identified by rural service providers; a list of resource people in the Southeast; the conference agenda; information on the nominal group technique utilized at the conference; information on cases presented at the conference and case problem-solving steps; summaries of parents' goals for one case and assessments by the preschool teacher, social worker, psychologist, early interventionist, nurse, and speech and language therapist; a list of questions to pose in choosing a strategy and formulating alternative intervention strategies; a list of issues concerning family support, transportation, and funding; a list of networking strategies; results of the conference evaluation, including activities planned by participants as a result of the conference; information on resource materials on rural service delivery; and information on programs in Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, and Tennessee. (SW)

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1st ANNUAL

SOUTHEAST

RURAL SERVICE DELIVERY

CONFERENCE

September 30 & October 1, 1993

Facilitated by:
Dr. Sue Forest

Sponsored by:
MAGNOLIA CIRCLE OUTREACH PROJECT
JOHN F. KENNEDY CENTER
PEABODY COLLEGE OF VANDERBILT UNIVERSITY

Technical Assistance Services Provided by:
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1993 RURAL SERVICE DELIVERY CONFERENCE

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RURAL SERVICE DELIVERY ISSUES

IN THE BEGINNING...

CENTER FOR THE
DEVELOPMENTALLY
DISABLED
NORTH
CENTRAL
ALABAMA, INC.

LIMESTONE
LAWRENCE
MORGAN

P.O. Box 2091 • Decatur, Alabama 35602-2091

March 12, 1992

*Letter from service provider in Alabam

Magnolia Circle Outreach
Box 328
Peabody/VU
Nashville, TN 37203

Att: Video Tape Library

Please place my name on the waiting list to receive the following videotapes on loan for the allowed 2-4 week period:

-"Adaptive Feeding Techniques"

-"Autism"

-"Music Therapy"

-"Working with caregivers who resist your help"

I appreciate the copy of your new newsletter and I look forward to additional issues. Our Early Childhood Program provides home-based and center-based services in a 4 county, mostly rural area. I would be interested in seeing a future issue dedicated to how programs in the 6 State area provide services to rural areas. I would be willing to submit a short statement of how we structure our services and would be interested in seeing the same from other programs.

Sincerely,

Ginger Horn
Early Childhood Program

Approved:

Earl E. Brightwell, Director
GH/c
cc: Reading File

Birdie Thornton Center Ph: 232-0366 | Bill Stewart Activity Center Ph: 974-9185 | Central Office Ph: 355-7315 | Decatur Workshop & Developmental Center Ph: 355-7590 | Community Contract Services Ph: 351-2260

Committee of the Community Mental Retardation Agencies of Tennessee. This committee has been working with staff from the Department of Mental Health/Mental Retardation, Division of Mental Retardation in the development of a set of standards and guidelines for family-focused, community-based early intervention services. The new standards, currently being field tested, will be used in monitoring services provided to community agencies that contract with the Division.

Videotape Library

Since our last issue of the *Magnolia Circle Outreach Project Newsletter*, we have b
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Outreach if you wish to borrow videotapes or would like to have a complete listing of our titles. If your selection is not available, your name will be placed on our waiting list. Your selectin will be sent when it becomes available. Please return tapes and accompanying handouts by mail or UPS within two to four weeks.

Services to Children and Families in Rural Areas

We recently received a letter from a service provider in a rural area in Alabama. She expressed an interest in learning about how providers in our six-state target area (Alabama, Arkansas, Kentucky, Louisiana, Mississippi, and Tennessee) structure services for children and their families in rural areas. **If you are a provider in a rural area, we invite you to submit a brief description about how you deliver services to infants, toddlers, and preschoolers with developmental delays and their families.**

We will compile the information we receive and report back in a later issue of the newsletter.

PROJECT SUNRISE

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Systematic Use of Newly Researched Interventions by Special Educators

Project SUNRISE has been refunded under the auspices of the U.S. Department of Education, Office of Special Education and Rehabilitative Services, Early Education Programs for Children with Disabilities. The current (1991-1994) grant now extends the outreach training and technical assistance activities of the project to a multi-state catchment area.

Activities are already underway to plan the upcoming SUNRISE Summer Institute: "Training for Excellence in Center-Based Programs" to be held July 2-3, 1992. The project sponsors the institute annually at Hilton Head Island, South Carolina.

For more information on Project SUNRISE, contact:

Kathy T. Whaley,
Project Coordinator
704-433-2865.

RESOURCES

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Newsletters for Families

ACCH (Association for the Care of Children's Health) Newsletter is a quarterly publication that includes information about advocacy efforts, resources, and parent/professional concerns related to family-centered care. Contact ACCH, 7910 Woodmont Ave., Suite 300, Bethesda, MD 20814; 301-654-6549.

Families and Disabilities Newsletter is published three times yearly. This publication includes information about research projects, legislation, and resources for supporting family concerns. Contact: Beach Center on Families and Disability, c/o Institute for Life Span Studies, University of Kansas, 3111 Haworth Hall, Lawrence, KS 66045; 913-864-7600.

Family Support Bulletin provides information on issues related to research, policy, and practice at state and federal levels. This publication provides a mechanism for family support and networking efforts by including commentaries by family members as well as examples of families' involvement in policy making and advocacy. Contact: United Cerebral Palsy Association, Governmental Activities Office, 1522 "K" St. NW, Suite 1112, Washington, DC 20005; 205-843-1266.

Parent to Parent is a consumer newsletter for and by parents who have children with disabilities or medical problems. For more information, contact The Institute for Families of Blind Children, Mail Stop-111, P.O. Box 54700, Los Angeles, CA 90054-0700.

Project Copernicus News is published twice a year to share the activities and progress of the Project's efforts toward helping families and professionals make family-centered care a reality. Contact: The Kennedy Institute, 2911 E. Biddle Street, Baltimore, MD 21213; 410-550-9700.

Additional Family Resources

Go Ask Alice: A Guidebook for Parents Serving on State and Local Interagency Councils was written for parents who wish to be involved in shaping public policy regarding early intervention by participating in state or local Interagency Coordinating Councils. Each chapter begins with a quotation from the original *Alice in Wonderland* and ends with a quotation from "Alice in ICC-Land," the one-act play that is also included in the guidebook. Material for this guidebook was collected and assembled by parents and professionals in Ohio. Contact The Early Integration Training Project, Center for Special Needs Populations, Ohio State University, 700 Ackerman Road, Suite 440. Columbus, Ohio 43202; 614-447-0844.

Magnolia Circle Outreach Project Newsletter # 2 June 1992

Newsletter # 3
September 1992

The National Institutes of Health (National Institute of Deafness and Other Communication Disorders) has awarded an exploratory grant entitled "The Vanderbilt Research and Training Center" to the Bill Wilkerson Center and Vanderbilt University. One of the major objectives of the grant will be to disseminate information to the community in order to identify communication disorders at the earliest possible age. The grant has four major components:

* The research component will develop basic and applied pilot research projects on typically developing children and children considered at risk for communication disorders.

* The research training component will build on the existing research training program in the Division of Hearing and Speech Sciences at Vanderbilt University School of Medicine. The primary emphasis will be a predoctoral program that focuses on children considered at risk.

* The continuing education component will offer a variety of workshops, seminars, conferences and grand rounds, and a unique mentoring program. The target population will be primary care providers.

* The information dissemination component will develop a variety of materials, brochures and videotapes on children at risk. These resources will be useful to parents, healthcare professionals, and educators of young children.

For more information contact: Mary Schaffer, Bill Wilkerson Center, 1114 19th Avenue South, Nashville, TN 37212; 615-320-5353.

Survey on Rural Issues

In the Spring/Summer 1992 issue of The Rural Exchange newsletter (Volume 5, Number 2), Robert V. Carlson reported on a survey about the experiences of professionals who work in rural areas. The survey consisted of five open-ended questions:

1) What does it mean to work in a rural environment?

2) If you had another professional opportunity in a metropolitan area, would you leave your rural position?

3) What is the greatest advantage involved in working in a rural setting?

4) What is the greatest weakness involved in working in a rural setting?

5) If you could make a change in your rural setting, what would it be?

The results of the survey highlighted both the benefits (e.g., sense of belonging, more relaxed work atmosphere) and concerns (e.g., limited resources, isolation) of working in rural areas. To receive a copy of The Rural Exchange newsletter, contact: Montana University Affiliated Rural Institute on Disabilities, 52 Corbin Hall, University of Montana, Missoula, MT 59812. The newsletter is published four times a year, and subscriptions are free.

Conference on Rural Issues

The Rural Institute on Disabilities hosted "Common Threads '92: Weaving Together Rural Resources for People with Disabilities," August 22-24, 1992. The objectives of the conference were to identify solutions to the unique concerns of people with disabilities in rural areas, to examine effective strategies that are practical in rural settings, and to improve rural resource "weaving" and networking. For a copy of the proceedings from last year's conference, send a $15 check or money order to the Rural Institute on Disabilities, 52 Corbin Hall, The University of Montana, Missoula, MT 59812.

Rural Service Delivery: Contributions from Our Readers

Center for the Developmentally Disabled, North Central Alabama, Inc., Decatur, Alabama
submitted by Ginger Horn, Early Childhood Coordinator

CDD,NCA, Inc. provides early childhood services for 45 children in four counties in North Alabama. The majority of the families served by the program live in rural areas. Thanks to a Part H grant, three staff members were added in 1988 to provide home-based services. Approximately 2/3 of the children receive home-based services on a weekly basis. Children enrolled in center-based services come twice weekly.

While the addition of home-based services appears to solve some of the challenges related to serving a rural population, problems do exist. Extensive travel (as much as 400 miles per week) and feelings of isolation are sources of stress. Other problems involve the coordination of evaluations and support services. Our program has attempted to relieve some of these challenges by:

* Having office space in a central location. This provides the opportunity for staff interaction.

* Having one person responsible for supervising all staff.

* Planning group inservices at least once every other month to provide the opportunity for all staff to meet together.

* Having a staff that strives to work as a unit even though much time is spent working alone.

Project Homestart
submitted by Linda Prater, Special Education Coordinator, Cherokee County Board of Education, Centre, Alabama

Cherokee County Schools serves children with developmental delays through a program called Homestart. Services become available to eligible children on their third birthday. Homestart participants are provided services by a teacher and a family trainer. The children are also transported to the Preschool Center for group activities. Some of the children attend Headstart or private child care centers. The services of therapists and the school nurse are also provided.

SURVEY OF RURAL SERVICE DELIVERY

Magnolia Circle Outreach Project
Box 328, Peabody/Vanderbilt
Nashville, TN 37203

This survey is designed to solicit information from persons providing services/support for families in rural settings. Information will be used by our staff to enhance our project's outreach efforts. Please complete and return to the above address by **October 15, 1992.** Thank you for your assistance.

NAME/TITLE:_____

AGENCY:_____

ADDRESS:_____

_____PHONE: (____)_____

How long have you been a rural service provider? _____

How long have you been in your present location? _____

What kinds of services are available to families in your area?

_____ health care
_____ occupational therapy
_____ physical therapy
_____ communication specialists
_____ vision specialists
_____ early intervention center-based services
_____ early intervention home-based services
_____ community-based child care
_____ family support services
_____ (other)_____

Do you have opportunities for collaborating with people from other disciplines (e.g. PT, medical, social worker, etc.)? _____ Please describe.

Describe your opportunities for networking with other professionals and professional support (e.g. attending regional conferences or exchanging resources with others who work in similar settings).

Would you attend a two-day conference on rural services for families with young children with disabilities? _____
What topics would be of interest to you?

1.

2.

3.

Would you be willing to share information (e.g. phone calls, printed material, or conference presentations) with other rural service providers? _____ Please describe.

1.

2.

3.

Please feel free to send us any additional information about your services and/or resources addressing rural service issues.

NOVEMBER 1992 - SURVEY ON SERVICE DELIVERY IN RURAL AREAS
TOTAL NUMBER OF RESPONDENTS = 42

How long have you been a rural service provider?

35 respondents to this question

415 years total

Average of 12 years

Range from 1 year to 27 years

Services available

There were a variety of services available - checked from the list as well as added (e.g., transportation, family support, abuse shelter, etc.).

However, some --

- were limited (e.g., family support)
- were available only if families could pay (e.g., child care)
- were in neighboring counties
- may only be available on a consultative basis
- may not be appropriate

Opportunities for Networking and Professional Support

School system supports inservice programs aimed at areas' needs

Hospital workshops

Invite other agencies to workshops with own agency

"CARES" group for early childhood professionals

Preschool Interagency Planning Council (PIPC) Meetings

Medical specialty clinics

Visits to programs as part of job related responsibilities

Postgraduate classes at university

Childcare association

Local interagency coordinating councils

Health Council

County Exchange Club Child Abuse Prevention Council

Early intervention system meetings

Family Resource Centers

Regional Resource Training Centers

Statewide projects (STEPS, LRE, etc.)

Statewide interagency committees

Statewide & regional conferences supported by state agencies

Statewide and regional conferences supported by professional organizations (e.g., CEC, DEC, AACUS, AACLD, Social Welfare)

Professional organizations - meetings

Topics for Conference Related to Rural Issues

1) Transportation issues

★how to start transit system in rural areas

★organizing community supports for transportation to services

★coordinate services so families don't have to spend so much time in transit

★travel time for staff

★travel time for parents to services

★distances

2) Funding

★info on resources, such as grants, to obtain monies to provide rural services

★how to gain resources to expand services

★purchasing power: uniting individual centers into competitive markets purchasing support services (i.e., purchasing PT, OT, speech & language therapists who quite often limit their practices to more populated areas

★politics, legislation, funding - how it all happens

3) Family support

★providers: types of services, funding, budgeting, staff members, job descriptions, etc.

★providing support groups for families when distance is a factor

★resources for parents

★networking families in rural areas together for support

★special problems faced by families living in rural areas

★working successfully with rural families

★working with families of low educational backgrounds

4) Networking systems

★network with families to identify solutions to better health care

★network so children won't fall through the cracks

★exchange of information on resources and personnel

5) Services and service delivery

★Availability of services

★getting appropriate services

★coordinating services

★combining resources for better services

★integrating a service system for community-based care for parents and families

★providing community-based evaluation and assessment in a timely manner

★how to set up outreach clinics for therapeutic evaluations

★providing adequate services in rural areas (i.e. when you only see a child once a week, it is difficult to feel you are providing sufficient services)

★developing a lending library to stretch resources

★use of technology, training tapes for training parents and paraprofessionals in rural areas

Topics - General

State	Topic
AL	Effective home visits
	Preschool intervention programs
	Training PT aides to handle children with physical disabilities
	Parenting
	Parent involvement
	Assistive technology
	Writing IFSPs
AR	Behavior management
	Dual diagnosis programming
	Appropriate evaluation
	Specific suggestions for programming
	Assessment
	Music in curriculum
	Best practices
KY	Intervention strategies
	Roles of multidisciplinary assessment and evaluation
	Ways to serve families who have children with multiple or severe disabilities
	Identification of developmentally delayed children at young ages
	Appropriate activities for developmental progress in cognitive, social, physical growth
	Training staff to recognize infants/toddlers who are at risk
	Financial assistance
	Preventive services for families whose young children experience environmental deprivation and/or developmental delay
	Materials on parenting infants/toddlers written at low level reading skills
	New ideas on early intervention

MS

Public awareness of disability issues

Guidelines for planning training events

TN

Data collection in activity-based program

Cerebral palsy

Cystic Fibrosis

Premature infants with lung damage, eye problems, or other complications

Explanation and treatment of genetic disorders (e.g., Fragile X)

Curriculum

Ideas for helping to reach the needs of different disabilities

Survival techniques for teachers, parents, children, siblings

Augmentative devices - hands on

Working with parents - include parent on a panel

Inclusive early intervention

Understanding behavior in infants and toddlers

Americans with Disabilities Act

Learning disabilities

Care of young children

Those Willing to Share Information

Agency Contact (Name, address, phone)	Topics/Etc.
Shirley Whisonant Covington County Schools Andalusia, AL 205-222-7571	School disability programs and services Preschool programs Parenting
Linda Prater Cherokee Count Schools Centre, AL 205-927-5501	Materials and Resources-Teacher information sheets Publicity articles
Bobbie Jo Trammell Children's Rehabilitation Services Mobile, AL 205-479-8617	Rotary Rehabilitation Hospital - traveling van for evaluations/consultations to children in rural areas
Patricia Fassbender Rotary Rehabilitation Hospital Mobile, AL 205-431-3417	Information on service delivery Home progam ideas Treatment ideas Equipment options
Patti Manus School of Hope Hope, AR 501-777-4501	Community Providers Association Training Sessions Statewide conferences Regional meetings County-wide meetings Parent meetings/training
Diana Cunningham Ozarks Unlimited Resources Education Harrison, AR 501-743-9100	Assessment information Staff evaluation Develop mentally appropriate practices with young children
Priscilla Traczewitz Nevada County Day Service Center Prescott, AR 501-887-6675	"Bridge building" team Training opportunities for community providers of DD services Bi-monthly regional meetings of community providers

Linda Napier Perry County Public Schools Hazard, KY 606-439-5813	Present information at PIPC and willing to disseminate information to local staff
Sheila Mills Hopkins County Board of Education Madisonville, KY 502-825-6067	At regional Director of Special Education meetings, with parents, at regional interagency meetings
Carolyn Wells Garrad County Schools Lancaster, KY 606-792-3018	Phone calls re: blended program options Conference presentation - anything we've done Printed materials - copies of our handbook
Dottie Dunn St. Elizabeth Medical Center South Edgewood, KY 41017 606-344-2330	None listed
Janet Fugate University of Kentucky Bowling Green, KY 42101 502-745-4607	SKI-HI services Early intervention systems in a rural community
Cathy Darst Breckenridge-Grayson Inc. Leitchfield, KY 42754 502-259-6550	Resources, curriculum ideas Parent involvement
Teri Mehler Christian Appalachian Project Berea, KY 606-986-1177	Phone calls and site visits
Dr. R.E. Patterson Southern University Baton Rouge, LA	Note: She has had extensive experience in rural areas, member of rural network
Cindy Hardy Mississippi State Department of Health Jackson, MS 601-987-3965	To inform people of needs of children with disabilities To help find available resources

Mary H. Moore Mississippi State Department of Health Jackson, MS 601-987-3965	Printed material from parent groups Information about statewide network of clinics and providers for medical care Information on partnership with parents in order to link consumer needs with the provision of services
Nita Newman Mississippi Parent Advocacy Center Jackson, MS 601-922-3210	Printed materials Executive Director, Dr. Ginger Smith would be interested in presenting
Lola Loring WAVES Franklin, TN 615-794-9602	Informal meetings to "compare notes" Sharing information re: integrated program
Merril Harris Dekalb County School Doweltown, TN 615-536-5287	"Anything"
Michael Burchfield Scott County Board of Education Huntsville, TN 615-663-2159	"Anything"
Sarah Hunt Shelbyville Bedford CDC Shelbyville, TN 615-684-8681	Developing and expanding services in a rural setting
Louise Smith & Beverly Diane Taylor Sumner County Schools Gallatin, TN 615-451-5420	Site visits/video segments of preschool classrooms Transition planning
Nancy Sprouse Project CHILD Dunlap, TN 615-949-3840	"Many areas"
Janet Westmoreland RIP Franklin, TN 615-794-7834	Nothing specific listed

C. Margaret Burdette
Department of Human Services
Trenton, TN
901-855-4880

Have access to many presenters
Child care licensing

Barbara Boyett
Marshall County CDC
Lewisburg, TN
615-359-1197

Marketing a rural early intervention service
Ideas on parent training

Kathy Bryant
TIPS
Knoxville, TN
615-579-2456

SKI-HI Model
Other

Magnolia Circle Outreach Project

The First Annual Collaborative Conference on Young Children with Special Needs will be held in Nashville on February 4-6, 1993. Magnolia staff will make a presentation entitled "Examining Helpgiver's Attitudes in Early Intervention Practices."

Other Magnolia activities...

Staff have attended several state and national conferences since our last newsletter. Among them were: The Tennessee Outreach Project for Children and Youth Experiencing Dual Sensory Impairments (TREDS) fall conference in Nashville and Alabama's 5th Annual Early Inter

Newsletter # 4
January 1993

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Education of Young Children's conference in New Orleans. The Magnolia staff participated in the poster session at the Division for Early Childhood (DEC) Eighth International Early Childhood Conference on Children with Special Needs in Washington, DC. Staff presented a session entitled "Let's Be Friends: Facilitating the Development of Positive Relationships among Young Children" at the Tennessee Association on Young Children's annual conference in Nashville. Donna and Eva Horn presented "Making it Fit: Functional Programming across Inclusive Environments" at the MTASH/ARC fall conference in Nashville.

Results of Survey on Service Delivery in Rural Areas

A total of 42 people responded to the survey on service delivery in rural areas that was included with the last newsletter. Respondents have been involved in providing services to young children with disabilities and their families from one year to 27 years. The average length of time is 12 years. A synopsis of the survey results are as follows:

* there are a variety of services available in rural areas
* some of the services available are limited, are available only if families can pay, are in neighboring counties, may only be available on a consultative basis, or may not be appropriate
* there are a variety of opportunities for networking and professional support (e.g., through agency activities, professional organizations, etc.)
* topics that people from rural areas are most interested in discussing include those related to transportation, funding, family support, networking systems, and services and service delivery.
* many people are interested in sharing ideas on service delivery in rural areas

Over the next few months, Project Staff will be working with the National Early Childhood Technical Assistance System (NEC*TAS) in developing and organizing a conference related to rural issues. We will keep you informed through the newsletter and separate mailings. For a complete copy of the survey results, contact Magnolia Circle Outreach Project.

Resources on Rural Service Delivery

The Dynamic Communication Process Model: For Rural and Remote Regions is designed to improve communication between parents and professionals in the provision of individualized early intervention services in rural settings. The model emphasizes parent-professional and professional-professional interactions related to planning the IFSP, developing an IFSP, and implementing services specified in the IFSP. The model reflects a family-focused approach to early intervention and family support services. The unique features of rural service delivery are also addressed. For information regarding project reports and the project manual, contact: Ted Maloney, University of Montana, 52 Corbin Hall, Missoula, MT 59812; 406-243-5467.

Educational Home Model Outreach Project offers training to child care providers who wish to expand their programs to integrate children with disabilities into existing family day care homes and child care centers. The model was designed for providers in remote/rural areas. The model's components include: 1) developing integrated programs for children with disabilities, 2) meeting individual child needs, 3) involving parents and families, 4) encouraging community collaboration, 5) managing health and safety issues, 6) designing and arranging physical environments, and 7) program management. For information and training materials contact: Sarah A. Mulligan, Montana University Affiliated Rural Institute on Disability, 52 Corbin Hall, Missoula, MT 59812; 406-243-5467.

Montana Early Intervention (0-5) Outreach Project provides technical assistance to Montana's early intervention service providers for replication of the CO-TEACH Preschool Model. A rural consortium approach is used by the statewide project. The three components of the CO-TEACH model include: 1) Special Preschool, utilizing the MERIT Curriculum; 2) Transition, to facilitate transition from specialized preschool into regula kindergarten; and 3) Family Support, in cluding training, referrals, support, anc advocacy. Contact: Richard Van den Pol School of Education, Department of Education Research and Services, University of Montana, Missoula, MT 59812; 406 243-5344.

Project CLASS (Cooperativ Learning: Acquiring Specialized Skills is an inservice training model for earl intervention professionals in rural state who are delivering home- and commu nity-based services. The model offers linked inservice training system empha sizing three project components: 1) self paced problem-based training material 2) cooperative learning, and 3) peer coach ing. Contact: Kathleen Gallacher, Rur Institute, University of Montana, 52 Corbi Hall, Missoula, MT 59812; 406-243-546

Rural, Exceptional, At Risk is book that examines the unique difficulti of delivering education services to chi dren with disabilities who live in rur areas. It is available for $6.25 plus shi ping and handling charges from CE 1920 Association Drive, Departme K11150, Reston, VA 22091-1589; 70 620-3660.

VIDEOSHARE Model Outrea Project uses videorecording to supp ment traditional normative and criteric referenced measures to document the complishments of young children w

Magnolia Circle Outreach Project Newsletter # 4 January 1993

disabilities, birth through age 8 years. The model has three components: 1) Daily Activity videotapes for Parents, to encourage carry-over of the child's abilities at school to the home setting; 2) Pre and Post-Videotapes of Child Performance to Encourage Transition to the Least Restrictive Setting, which provide the receiving school's child study team with efficacy data on child performance and readiness for mainstreaming; and 3) Videotapes of Therapeutic Interventions to Support Child Skill Maintenance and Generalization after Transition. The project produces and disseminates instructional videotapes that describe the project, the video-based assessment system, data collection, videotape editing procedures, and data analysis. Contact: Richard Van den Pol, School of Education, Division of Education Research and Services, University of Montana, Missoula, MT 59812; 406-243-5344.

Calendar

February 4, 1993 Tennessee ICC Meeting. Contact: Sarah Willis, 741-2851.

February 4-6, 1993 **The First Annual Early Intervention/Early Childhood Conference**, Maxwell House Hotel, Nashville, TN. Contact: Jeff Hanover, 901-529-0233.

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Ed
Sy... Hyatt Regency Hotel, Savannah, GA. Contact: Dr. Diane Montgomery, 405-744-6036.

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mation to be announced.

March 11, 1993 **Alabama's Comprehensive System of Personnel Development and Department of Mental Health and Mental Retardation**, Birmingham, AL. Contact: Evelyn Hale, 800-288-7733.

March 12, 1993 **Alabama's Comprehensive System of Personnel Development and Department of Mental Health and Mental Retardation**, Mobile, AL. Contact: Evelyn Hale, 800-288-7733.

March 20-21, 1993 **Parent/Professional Conference**, Executive West, Louisville, KY. Contact: Bill Porter, 502-586-8877.

March 25-27, 1993 **Southern Early Childhood Association (formerly SACUS)**, Biloxi, MS. Contact: SECA, 501-663-0353.

August 8-10, 1993 **Southeastern Region DEC/Head Start Conference**, Location To Be Announced. Contact: Beth Rous, 606-278-0549.

August 20, 1993 Tennessee ICC Meeting. Contact: Sarah Willis, 741-2851.

November 10-14, 1993 **National Association for the Education of Young Children Conference**, Anaheim, CA. Contact: NAEYC, 1834 Connecticut Ave., NW, Washington, DC 20009.

November 19, 1993 Tennessee ICC Meeting. Contact: Sarah Willis, 741-2851.

December 11-15, 1993 **International Division of Early Childhood Conference**, San Diego, CA. More information to be announced.

MAGNOLIA CIRCLE OUTREACH PROJECT
VANDERBILT UNIVERSITY
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NASHVILLE, TN 37203

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CONFERENCE ANNOUNCEMENT

AND

INPUT FROM CONFERENCE PLANNERS

Announcing

Conference on Rural Service Delivery Issues

SEPTEMBER 30 - OCTOBER 1, 1993
NASHVILLE, TENNESSEE

Topics will address issues that were identified through the October 1992 rural issues survey conducted by the Magnolia Project. You will receive more detailed information by June 30, 1993.

Sponsored by:

MAGNOLIA CIRCLE OUTREACH PROJECT

SOUTHEAST RURAL SERVICE DELIVERY CONFERENCE
SEPTEMBER 30 & OCTOBER 1, 1993

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Technical Assistance Services Provided by:
NEC*TAS

PURPOSE: To identify issues and concerns in rural service delivery
To develop strategies for service delivery
To foster networking among persons delivering and receiving services in rural areas throughout Alabama, Arkansas, Kentucky, Louisiana, Mississippi and Tennessee.

DESIGN: Interactive small group sessions, led by **Dr. Sue Forest of THE MONTANA UNIVERSITY AFFILIATED RURAL INSTITUTE ON DISABILITIES,** using vignettes.

AUDIENCE: Parents*, family members, and professionals involved in providing services to young children (birth to 5) with disabilities and their families in rural areas

CONFERENCE LOCATION AND ACCOMMODATIONS:

The conference is being held at Landers Plaza, 2451 Atrium Way, Nashville, TN. Accommodations for the conference are available at three different motels near Landers Plaza. *Conference attendees are responsible for their own accommodations. However, a certain number of rooms are available at each location at a reduced conference rate until August 28, 1993.* When calling to make your reservation, please mention the Magnolia Circle Outreach Rural Conference.

Guest Quarters Suite Hotel - 800-424-2900 or 615-889-8889 ($69.00 single/double; $79.00 triple; $89.00 quad.; breakfast buffet; evening reception)

ClubHouse Inn Nashville Airport - 800-258-2466 or 615-883-0500 ($46.50 single, $56.50 Double; breakfast buffet, evening reception)

Days Inn Nashville Airport - 800-325-2525 or 615-885-3000 ($47.00, 1 to 4 persons)

CONFERENCE REGISTRATION FEE:

The fee of $30.00 for the conference includes lunch (on Sept. 30 only); break drinks; reception snacks; and the cost of materials used during the conference.

Conference registrations will be confirmed as they are received.

CONFERENCE SCHEDULE:

DAY 1	8:00 - 9:00	Registration (Landers Plaza)
	9:00 - 5:00	Sessions (Landers Plaza)
	5:15 - 6:30	Informal Networking Reception (Guest Quarters Suite Hotel; snacks provided, cash bar)
DAY 2	8:00 - 12:00	Sessions; Wrap-Up (Landers Plaza)

**A limited number of partial scholarships to help parents attend this conference will be available. In order to have their registration fee waived and to apply for the scholarships, parents must provide their social security number and a daytime phone number where requested on the registration form.*

REGISTRATION IS ON A FIRST COME FIRST SERVE BASIS
REGISTRATION IS LIMITED TO 100
PLEASE REGISTER EARLY TO INSURE YOUR PLACE

Please Duplicate This Form and Send One Form Per Person
REGISTRATION
RURAL SERVICE DELIVERY CONFERENCE
LANDERS PLAZA, NASHVILLE, TN
SEPTEMBER 30 & OCTOBER 1, 1993

NAME_____

PARENT(registration fee waived)____ FAMILY MEMBER____ PROFESSIONAL____

AGENCY_____

ADDRESS_____

PHONE_____

*PARENTS ONLY: SOCIAL SECURITY NUMBER _____

*PARENTS ONLY: I would like to request a partial scholarship to help defray costs ___yes ___ no.

MAIL CONFERENCE FEE AND REGISTRATION FORM TO:
MAGNOLIA CIRCLE OUTREACH PROJECT
JOHN F. KENNEDY CENTER
DEPARTMENT OF SPECIAL EDUCATION
BOX 328, PEABODY OF VANDERBILT
NASHVILLE, TN 37203

MAKE CHECKS PAYABLE TO:
VANDERBILT UNIVERSITY

REGISTRATION DEADLINE: POSTMARKED AUGUST 13, 1993

THOUGHTS EXPRESSED BY SERVICE PROVIDERS

ON

PROBLEMS EXPERIENCED IN RURAL SERVICE DELIVERY

In preparation for the conference on rural service delivery issues, some people from states in the Southeast United States were asked to provide input on critical issues. The states included: Alabama, Arkansas, Kentucky, Louisiana, Mississippi, and Tennessee. This information was used by Dr. Sue Forest of the Montana University Affiliated Rural Institute as she planned for and developed vignettes to be used at the conference.

The following are the thoughts and stories expressed by a total of seven service providers in these states. Some minor editing has been done on these for ease of reading and to ensure appropriate use of language for persons with disabilities.

The service providers were asked to respond to the following:

> Please describe a problem that you have experienced in your area regarding rural service delivery (e.g., funding, transportation, family support, networking, getting/coordinating services, etc.). Please be specific in your description. Use the back or additional pages if necessary.

Thanks to the following people for their input: Diana Cunningham, Merril Harris, Ginger Horn, Wini King, Brenda Barron Sharp, Mary Jo Smith, Debbie Snider, and Carolyn Wells.

RESPONDENT #1

The main problems we are concerned with at this time are family support, transportation, and frequency of home visits.

Family Support

It is difficult to plan support group meetings when many rural families lack transportation and may live 30-45 minutes from the center. We do not have the facilities to provide group play or group intervention for children while the parents are in a support group meeting.

Transportation

Some families must travel up to 60 miles for medical services such as vision and hearing evaluations, Children's Rehabilitation Clinics, etc. We no longer have an agency van and to transport a family for an appointment can take a full working day. Bus services do not run in the county and volunteers are concerned about liability issues when transporting families.

Frequency of Home Visits

Most of the children in our program receive home visits only once a week. In some areas of our 3 county system, the Home Trainer requires up to 3 hours to provide one visit (including travel time).

RESPONDENT #2

Transportation

Transportation is unbelievable even when money is available it is never enough. Insurance has also been an issue with transportation. Public school regulations do not address the preschool population even when that avenue is available.

Certification

Teacher certification will be an issue in our state in the near future. Currently 3 divisions of higher education address this need. Speech therapy, physical and occupational therapy are almost nonavailable due to lack of qualified providers.

We still have some turf issues although we are most fortunate to have _____ and her agency agreement on the Ready, Set, Go goal. Looking back from 1987 we have made great progress and in looking toward the future we have a lot of ground to cover! Funding was not addressed due to "I'll think about it tomorrow!"

RESPONDENT #3

Families with Low Income:

* Above income cut-off for Medicaid eligibility when husband works overtime (sometimes eligible, sometimes not)

* Medicaid physician providers are limited in their area -0 have to travel 20-30 miles for medical, OT, PT, etc. These are not available in their parish (county)

* May have to sell second car to become Medicaid eligible; but won't always have transportation to services.

* Insurance co-payments too high for some services they need.

Home Health Services

* Other families in rural areas can use home health for some services; for some reason they can't provide in-home OT.

* Also for the Medicaid reimbursement rate for PT, OT, Speech; therapists can't afford to provide in-home service when travelling into rural areas from urban.

* Many specialized service providers don't want to live/work in rural areas.

Travel

* Burden on accessing services is on family to "travel in" -- for many of them the services become fragmented and uncoordinated.

RESPONDENT #3 continued

Isolation

* Families feel isolated in their communities -- they meet families who receive same services but they meet them in their "urban" area when travelling in -- not their area.

Other Factors

* In our state, the rural areas around the urban area have severe economic problems; high drop-out rates; high teen pregnancy -- all contributing factors to the child's risk as well as decreasing the likelihood that families can successfully access services.

RESPONDENT #4

Availability of Local Services

There are several factors which affect the delivery of early intervention services to families who reside in rural areas of our state. The lack of availability of local services is one of the primary problems. Families may travel 90 miles for their child to receive services. It is often difficult for families to find transportation. Some agencies assist by providing travel reimbursement but finding a driver is often difficult. Families who do have transportation may have difficulty taking time off from work to being their child for services. Other families do not realize the importance of their child receiving services on a consistent basis which interferes with the child's progress.

Coordination of Services Among Agencies

Another area that has been a problem in the past is the lack of coordination of services among agencies. Although agencies are beginning to work together to enable children to be placed in appropriate programs, more needs to be done as far as identification and assessment of children with special needs as well as the actual service provision. Another concern is the quality of services due to lack of availability of professional staff including physical therapists and speech pathologists.

There are some of the problems that have been identified when working with families who reside in rural areas of our state. Progress has been made during the past two years with local Interagency Coordinating Councils being developed, and school districts providing services to children beginning at age three. We are encouraged that agencies at both the state and local levels are beginning to recognize the importance of early intervention.

RESPONDENT #5

Low Incidence Disabilities

Meeting the unique needs of a child with a low incidence disability such as deafness has been a problem, particularly in rural areas. In our state when children with special needs reach their third birthday, they are eligible for preschool services (Part B). As infants and toddlers, services are available statewide through our program. Highly skilled personnel is especially trained to work with children with hearing impairments and their families in their natural environments. However, the center-based programs offered by the LEAs for 3-5 year old children are often a generic one, a non-categorical preschool class.

"Jamie" had her third birthday in January. She is a typical three year old in every way except that she has a profound hearing loss and communicates in sign language. Her family decided to continue the homebased program until the end of the school year. Transition plans included visiting the parish non-categorical class for possible enrollment in the fall. Much to the family's dismay, there were no other children who are deaf in the class or school and the teacher had no experience with children who are deaf, so, of course, did not know sign language. The parents ask, "My child's need is communication. Why send her to a school where no one can communicate with her?"

"Rusty" has a moderate hearing loss and benefits from hearing aids. He uses speech to communicate. All of the preschool classes in the parish are housed at one school, and one class was primarily for children with speech/language disabilities. His parents felt that this non-categorical class would be beneficial, and, also, if he enrolled, speech therapy would be offered. However, three year old "Rusty" would have to catch the school bus at 6:30 A.M. and would return at 5:00 P.M., a 5-hour ride for about 2 1/2 hours of instructional time!

RESPONDENT #5 continued

Family to Family Connections

Unfortunately, most families of children who are deaf who live in rural areas have no opportunities to meet other families of children or adults who are deaf -- valuable resources to families struggling to understand the needs of their child who is deaf.

Distance

When I asked my co-workers what they felt was a problem for them, they said "The distance!" Wear and tear on the body and automobile, difficulty in reaching the homes (bad roads, bad weather, poor directions and no landmarks, no telephone) and expense make the distance a problem. But ... we had some good laughs sharing stories -- from leaving the gate open and letting all the cows out to being six months pregnant, a two-hour drive away from home and the local mechanic says "I don't work on foreign cars, m'am!"

RESPONDENT #6

Coordination of Services

One of our biggest problems used to be coordination of services so that no one agency had to do everything and/or be responsible for everything. We now have an operative interagency planning council that functions as a coordinating council to eliminate duplication (overlap) and provide better services for our families.

Transportation

Transportation is still a BIG problem. We have people who can't get to the doctor's office, to school programs, etc. Therefore, it is a major barrier to participation in services.

Networking

Networking is difficult between some agencies because of "turf" issues. If some of us could stop owning the problem and the solution and reach out to multiple resources, then more real benefit could be accrued for families and students who are at risk. State legislatures can help here by mandating coordination for program services.

In our county we've come a long way on resolving these issues - but transportation is money and we just don't have enough to go around!

RESPONDENT #7

Attitudes

All of the above, of course, are problems in our area. However, I find that many of these problems are compounded by elitist, patronizing attitudes of "specialists" from urban areas - particularly those associated with the major medical/child development centers toward rural folks:

-- that we are less intelligent/educated/capable than urban folks
-- that our programs are less valuable/appropriate/innovative than urban programs
-- that our needs are less important than theirs

Behaviors

These are subtle, insidious attitudes that urban folks may not even be aware of. Some specific behaviors include (but are not limited to):

-- giving authoritarian diagnoses and recommendations based on brief, superficial contact with the children in unfamiliar, unnatural surroundings (i.e., "standardized testing") while devaluing or discounting input from rural professionals and disregarding services that the family may already be receiving

-- ignoring our requests for very specific information on particular children, giving us instead "packaged" generalized often useless information (at great expense to us)

-- trivializing or invalidating our professional expertise/experience

-- parent blaming; making intellectualized, egocentric judgments re: what parents should and should not be doing; not considering the realities of their livers such as financial burdens of travel long distances, phone calls, child care, attitudes of employers around taking time off work (blue collar job jeopardy), time spent in travel and waiting for appointments, etc.

RESPONDENT #7 continued

I find Part H folks much more sensitive to these and other issues than other medical/child development professionals.

Other

The two other areas of greatest concern to me are:

-- lack of cooperation by physicians and lack of communication from NICUs
-- breaks in continuing of services for children (and families) 0-3, 3-5, 5+

CONFERENCE MATERIALS

SOUTHEAST RURAL SERVICE DELIVERY CONFERENCE
FACILITATED BY DR. SUE FOREST
SEPTEMBER 30 & OCTOBER 1, 1993

DR. SUE FOREST
THE RURAL INSTITUTE ON DISABILITIES
52 CORBIN HALL
THE UNIVERSITY OF MONTANA
MISSOULA, MT 59812
406-243-5763

Dr. Sue Forest is currently the Associate Director of Interdisciplinary Training at the Montana University Affiliated Rural Institute, the University of Montana. She has had almost 20 years experience in the field of early childhood education and special education in the following states: Colorado, Illinois, Iowa, Montana, and South Dakota. Dr. Forest has been a preschool teacher, director of day care and preschool programs, coordinator for a home-based early intervention program, and a consultant for the South Dakota State Division of Education.

Dr. Forest directs two early intervention training programs at the Rural Institute on Disabilities. Both programs, funded by the U.S. Department of Education, involve parents and professionals from the university and community in planning, training, and evaluation activities.

The Early Intervention Specialty Program trains graduate and upper level undergraduate students in health, education, and human services in skills necessary for working with young children with disabilities and their families. The training is provided at the University of Montana. The Rural Early Intervention Training Program adapts the on-campus curriculum into self-paced individualized training packages in order to enable individuals to gain the competency and skills needed without leaving their jobs or communities. To reduce the isolation of correspondence study, off-campus students are paired with an experienced early intervention professional (Learning Facilitator) who is located at a nearby family service agency/program. Additionally, off-campus students consult with Dr. Sue Forest and other off-campus learners involved in the program.

SOUTHEAST RURAL SERVICE DELIVERY CONFERENCE
SEPTEMBER 30 & OCTOBER 1, 1993

STATE: ALABAMA

Janesy Blankenhorn
Southwest Alabama Early Intervention
Council/Child Find
1050 Government Street
Mobile, AL 36604
205-432-7777

Ginger Horn
CDD Early Childhood Program
P. O. Box 2091
Decatur, AL 35602
205-355-7596

Kathy Jaekle
Special Education Action Comm. Inc.
2309 Mt.Vernon Road
Huntsville, AL 37810
205-852-9538/205-851-6301

STATE: LOUISIANA

Gloria Granger
Community Based Services
4240 Legion Street
Lake Charles, LA 70634
318-491-2040

STATE: KENTUCKY

Bridget Cohee
C.A.P. Child Development Center
1333 Slate Lick Road
Berea, KY 40403
606-986-1177

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Angela M. Hawkins
KY Dept. of Education
2108 Capital Plaza Tower
500 Mero Street
Frankfort, KY 40601
502-564-7056

Cindy Holmes
Seven County Services
3717 Taylorsville Rd, Suite 222
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502-459-5292

Paulette Logsdon
Kentucky Special Parent Involvement
Network
13901 Bearcamp Road
Louisville, KY 40272
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Jo Slageter
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Fran Woodward
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3717 Taylorsville Rd., Suite 222
Louisville, KY 40220-1333
502-459-5292

STATE: MISSISSIPPI

Mary H. Moore
MS State Dept. of Health
Children's Medical Program
P. O. Box 1700
Jackson, MS 39059
601-987-3965

STATE: TENNESSEE

Elizabeth B. Anderson
Knox County Assoc. for Retarded Citizens
P. O. Box 2041
Knoxville, TN 37901
615-524-1311

Ann C. Balch
4321 Meadowland Drive
Murfreesboro, TN 37130
615-895-3795

Rene Bard
U. T. Martin/Infant Stimulation Program
Child and Family Resource Center
Martin, TN 38238
901-587-7113

Myrna H. Barker
Sequatchie County Schools
Box 488
Dunlap, TN 37327
615-949-3617

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STATE: TENNESSEE (CONT'D)

Brenda Bledsoe
Center for Child Development
32 Garland Drive
Jackson, TN 38305
901-423-5670

Marsha Carr
Griffith Elementary-Project Child
102 Jones Drive
Box 818
Dunlap, TN 37327
615-949-2105

Bridget Douglas
Center for Child Development
32 Garland Drive
Jackson, TN 38305
901-668-9070

Melinda Foreman
ARC of Washington County
115 Beechnut Street, F-13
Johnson City, TN 37601
615-282-6101

Dr. Elizabeth Fugate
Educational Tutoring Center (ETC.)
P. O. Box 131
Tazewell, TN 37879
615-626-9533

Ruth Fugate
Rt. 4, Box 96
Tazewell, TN 37879
615-626-9867

Merril Harris
DeKalb County Schools
Rt. 1, Cathcart Road
Dowelltown, TN 37059
615-536-5287

Sarah Hunt
Child Development Center
732 N. Main Street
Shelbyville, TN 37160
615-684-8681

Debbie Kee
P. O. Box 684
Huntingdon, TN 38344
901-986-2123

Jo Lentz
Supporting Families
115 Beechnut Street F-13
Johnson City, TN 37601
615-282-1615

Georgina Mowl
Parent-to-Parent/Supporting Families
Rt. 8, Box 2460
Rogersville, TN 37857
615-272-5397

Susan B. O'Connor
Tennessee's Early Intervention System
TTU
P. O. Box 5074
Cookeville, TN 38505
615-372-6242

Norma Roark
Parent-to-Parent/Supporting Families
Rt. 1, Box 63
Trade, TN 37691
615-727-8520

Karrie Roberts
Hats Preschool
P. O. Box 1856
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Brenda Roth
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115 Beechnut F-13
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Carole Soucaze
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615-597-4415

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Gallatin, TN 37066
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Natalie Wade
Hats Preschool
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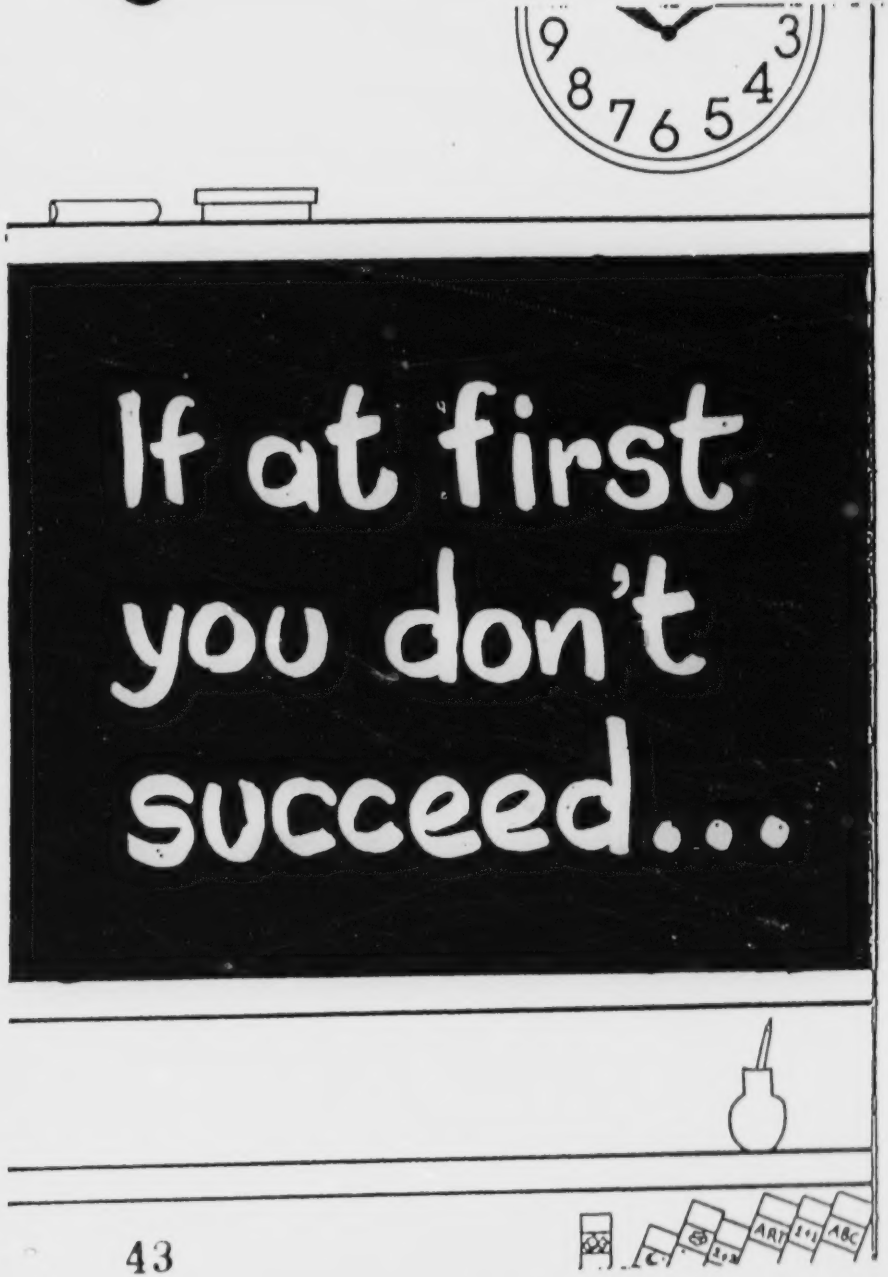
Gallatin, TN 37066
615-452-1054

Ruth Wong
Dept. of Special Education
Box 328, Peabody of Vanderbilt
Nashville, TN 37203
615-322-8277



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Source: Stark, Judith. (1982). Priceless proverbs...from the tongue of the young. Los Angeles: Price, Stern, Sloan Publishers, Inc.

Who's Job Is It?

This is a story about four people named *Everybody, Somebody, Anybody* and *Nobody*. There was an important job to be done and *Everybody* was asked to do it. *Everybody* was sure *Somebody* would do it. *Anybody* could have done it, but *Nobody* did it. *Somebody* got angry about that, because it was *Everybody's* job. *Everybody* thought *Anybody* could do it but *Nobody* realized that *Everybody* wouldn't do it. It ended up that *Everybody* blamed *Somebody* when *Nobody* did what *Anybody* could have done.

Service Delivery in Rural Areas From November 1992 Survey
Compiled By: Magnolia Circle Outreach Project / John F. Kennedy Center
Box 328, Peabody of Vanderbilt; Nashville, TN 37203

Agency Contact	Phone #	Topics/Etc.
Shirley Whisonant Covington County Schools Andalusia, AL	205-222-7571	School disability programs and services; Preschool programs Parenting
Linda Prater Cherokee County Schools Centre, AL	205-927-5501	Materials and Resources-Teacher information sheets Publicity articles
Bobbie Jo Trammell Children's Rehab. Services Mobile, AL	205-479-8617	Rotary Rehabilitation Hospital traveling van for evaluations/consultations to children in rural areas
Patricia Fassbender Rotary Rehabilitation Hospital Mobile, AL	205-431-3417	Information on service delivery Home progam ideas/Treatment ideas/Equipment options
Patti Manus School of Hope Hope, AR	501-777-4501	Community Providers Association Training Sessions Statewide conferences/Regional County-wide or Parent meetings/training
Diana Cunningham Ozarks Unlimited Resources Harrison, AR	501-743-9100	Assessment information / Staff evaluation Develop mentally appropriate practices with young children
Priscilla Traczewitz Nevada County Day Service Ctr. Prescott, AR	501-887-6675	"Bridge building" team / Training opportunities for community providers of DD services Bi-monthly regional meetings of community providers
Linda Napier Perry County Public Schools Hazard, KY	606-439-5813	Present information at PIPC and willing to disseminate information to local staff
Sheila Mills Hopkins County Bd. of Educ. Madisonville, KY	502-825-6067	At regional Director of Special Education meetings, with parents, at regional interagency meetings
Carolyn Wells Garrad County Schools Lancaster, KY	606-792-3018	Phone calls re: blended program options/Conference presentation - anything we've done/Printed materials - copies of our handbook
Dottie Dunn St. Elizabeth Medical Ctr. South Edgewood, KY 41017	606-344-2330	None listed
Janet Fugate University of Kentucky Bowling Green, KY 42101	502-745-4607	SKI-HI services Early intervention systems in a rural community
Cathy Darst Breckenridge-Grayson Inc. Leitchfield, KY 42754	502-259-6550	Resources, curriculum ideas Parent involvement
Teri Mehler Christian Appalachian Project Berea, KY	606-986-1177	Phone calls and site visits

Agency Contact	Phone #	Topics/Etc.
Dr. R.E. Patterson Southern University P. O. Box 9983 Baton Rouge, LA 70813	504-771-4226	Reports extensive experience in rural areas, member of rural network
Cindy Hardy Mississippi State Dept. of Health Jackson, MS	601-987-3965	To inform people of needs of children with disabilities To help find available resources
Mary H. Moore Mississippi State Dept. of Health Jackson, MS	601-987-3965	Printed material from parent groups / Info. about statewide network of clinics and providers for medical care / Info. on partnership with parents to link consumer needs with the provision of services
Nita Newman Mississippi Parent Advocacy Ctr. Jackson, MS	601-922-3210	Printed materials / Executive Director, Dr. Ginger Smith, would be interested in presenting
Lola Loring WAVES Franklin, TN	615-794-9602	Informal meetings to "compare notes" Sharing information re: integrated program
Merril Harris Dekalb County School Doweltown, TN	615-536-5287	"Anything"
Sarah Hunt Shelbyville Bedford CDC Shelbyville, TN	615-684-8681	Developing and expanding services in a rural setting
Louise Smith or Beverly Diane Taylor Sumner County Schools Gallatin, TN	615-451-5420	Site visits/video segments of preschool classrooms Transition planning
Nancy Sprouse Project CHILD Dunlap, TN	615-949-3840	"Many areas"
Janet Westmoreland RIP Franklin, TN	615-794-7834	Nothing specific listed
C. Margaret Burdette Department of Human Services Trenton, TN	901-855-4880	Have access to many presenters / Child care licensing
Barbara Boyett Marshall County CDC Lewisburg, TN	615-359-1197	Marketing a rural early intervention service / Ideas on parent training
Kathy Bryant TIPS Knoxville, TN	615-579-2456	SKI-HI Model / Other

Rural Service Delivery Issues
Southeast Rural Service Delivery Conference

Sponsored by:
Magnolia Circle Outreach Project
John F. Kennedy Center
Peabody College of Education

AGENDA

Thursday, September 30, 1993

8:00 a.m. - 9:00 a.m.	Registration
9:00 a.m. - 9:30 a.m.	Introduction
9:30 a.m. - 10:30 a.m.	Problem-Solving
10:30 a.m. - 10:45 a.m.	*Break*
10:45 a.m. - 12:00 noon	Nominal Group Technique
12:00 noon - 1:00 pm	Lunch
1:00 p.m. - 2:45 p.m.	Rural Service Delivery Issue - Family Support Issues
2:45 p.m. - 3:00 p.m.	*Break*
3:00 p.m. - 5:00 p.m.	Rural Service Delivery Issues - Services/Service Delivery

Friday, October 1, 1993

8:00 a.m. - 9:45 a.m.	Rural Service Delivery Issue - Transportation
9:45 a.m. - 10:00 a.m.	*Break*
10:00 a.m. - 11:45 a.m.	Rural Service Delivery Issue - Funding
11:45 a.m. - 12:00 noon	Wrap Up/Evaluation

NOMINAL GROUP TECHNIQUE

The NGT process utilizes a structured format among individuals seated face-to-face. It encourages input from members, offers equal access to the decision-making process, provides for documentation during decision-making, allows for a review of the rationale developed for particular decisions, and requires members to organize their thoughts, both individually and as a group.

Step 1 - Silent generation of ideas in writing. Each member is asked to write down key ideas related to the issue under consideration silently and independently. The benefits of this step are that members can think/reflect freely, interruptions are avoided, undue focusing on a particular idea or content area is minimized, competition, status pressure, and conformity are avoided, the group remains problem-centered, and the group avoids selecting a choice prematurely.

Step 2 - Round-robin recording of ideas. Each member is asked sequentially to provide one idea until all ideas are processed. The group leader records each item on a blackboard or flip chart. Benefits included: equal participation, increase in problem-mindedness, depersonalization - the separation of ideas from personalities, an increase in the ability to deal with a larger number of ideas, tolerance for conflicting ideas, encouragement of hitchhiking (generating new ideas from presented ideas), and the development of a written record.

Step 3 - Serial discussion for clarification. Each idea is discussed in turn. During this process, each item can potentially receive adequate discussion/clarification, logic can be provided behind arguments and disagreements, and differences of opinion can be recorded without undue argumentation. It is important to stress here that steps 2 and 3 are solely for idea generation and clarification and not evaluation.

Step 4 - Preliminary vote on item importance. Each member independently rank orders, in his or her opinion, the most salient items. Typically , a limit is placed (e.g., each member's top five). Independent listing minimizes status, personality characteristics, and conformity pressures. From the total list, the most salient items emerge, ranked in order, based upon the total frequency of each item.

Step 5 - Discussion of the preliminary vote (optional). Each member is allowed a brief period to comment upon the selected items. This allows the group to examine inconsistent voting patterns and also allows for discussion of those items which received unusually high or low rankings.

Step 6 - Final vote. The group combines individual judgement into a group decision using a mathematical procedure. This allows for a sense of closure, accomplishment, and documentation. It is important to note that the mathematical resolution may take the form of a rank ordering, a system of rating each item, or the selection of a single best item based upon the frequency of votes for each item. The procedure should fit the group's needs.

Nominal Group Technique
Group Roles

Within each group, designate one person for each of the following roles:

1) **RECORDER** -- someone to take notes of the key issues and discussion points

2) **REPORTER** -- someone who will give a synopsis of the group's work to the large group

3) **TASK MASTER** -- someone who will make sure the group stays with the task and follows the procedure

4) **PARTICIPANT OBSERVER** -- someone who will make sure all members participate

MANAGING MEETINGS EFFECTIVELY & EFFICIENTLY

Prepare needed materials in advance.

Send out proposed ideas in advance.

Prepare an agenda in advance.

Develop and follow the ground rules.

Make sure that everyone is introduced.

Select procedures for decision-making and problem-solving.

Use group progress and group process checks periodically during the meeting.

Display group work in progress.

Recap and review next steps.

Use duplicate forms when possible.

Evaluate group functioning.

GROUND RULES

1. We will start on time.

2. I have developed an agenda and I will try my best to follow that agenda.

3. I will ask for your input when I want input regarding adding or deleting topics.

4. All participants will attend to task at hand (no side conversations).

5. Please refrain from interrupting others.

6. Always be prepared to paraphrase what's been said.

7. If you don't agree - make it known at allotted time, if you do agree - make it known at allotted time.

8. If you don't understand, please ask for clarification.

9. No interruptions when the groups are meeting (phone calls or others who want to talk to group members will have to wait until a break).

10. I obtained input prior to meeting from those unable to attend.

11. All group members are equal.

15. An evaluation will be completed at the end of the conference.

JAMIE

Jamie is a fifteen month old girl who was assessed initially due to her parents' concerns regarding her behavior, her motor skills, and her communication skills. Jamie's mother, Kate, had described these concerns to her pediatrician, who referred the family to the local early intervention program for additional assessment and, if necessary, intervention.

Jamie was a full term baby born after a difficult labor and delivery due to a posterior presentation. Jamie's health generally has been good, although she has had repeated ear infections during her first fifteen months. In addition, her growth has declined gradually over the first year (from the 50th percentile height for weight to the 25th percentile).

In describing Jamie, Kate reported that she is a very intense toddler. As an example, Kate described the last visit to the pediatrician for her 12 month well child check-up. In the pediatrician's waiting room Jamie got extremely "wound up" - crying and crying. Kate indicated that nothing would calm Jamie down until they got back in the car for the trip home. Then, in her car seat with the car moving, Jamie finally quieted. Kate relayed that this kind of response is pretty typical for Jamie. Jamie often gets upset in new places or in places that are busy such as the grocery store. Even at home, when company comes to visit, Jamie becomes very upset. Kate describes that it seems like Jamie gets "startled" by strangers and then can't calm down. Kate also reported that Jamie seems to have difficulty at night too. She frequently is irritable by the end of the day and requires a great deal of attention to get her "settled" for the night and, still, wakes 3-4 times a night. If Kate goes in to soothe her (e.g., cover her up, pat her back, turn on a musical bear that plays a lullaby), Jamie goes back to sleep. However, if Kate leaves her alone, Jamie begins to cry and this escalates until she is very agitated and sobbing loudly. Jamie's crying continues up to 45 minutes, until she finally falls asleep again exhausted.

Kate reported that mealtimes are especially difficult for Jamie. Often Jamie gets upset at mealtime, especially if Kate is slow in feeding her. She begins by fussing a little and then cries intensely and shakes while waiting for food. She often is so upset that she gulps air and gags as she takes bites of food off the spoon or takes sips from her cup. Jamie will accept only those foods that have a smooth texture such as pureed fruits, yogurt, infant cereal, or blended table foods. She protests and gags or spits out foods that have lumps. While she consumes an adequate amount of food during meals, afterwards she frequently spits up. Jamie shows no interest in finger feeding or using a spoon herself. Instead, she watches Kate intently and cries or squeals while her mother feeds her (Jamie is so focused on her mother that, in fact, no one else can feed her). Kate also described that Jamie is very sensitive to the temperature of foods (i.e., that foods have to be a particular temperature before Jamie will accept them).

JAMIE'S FAMILY

Jamie's parents, Kate and Michael, consulted their pediatrician because they wanted to know if Jamie was slow in developing and because they were worried that she was too "demanding". Kate is a homemaker and Michael owns and manages a construction business. As a result of Michael's business, he often is not home until eight or nine o'clock. The couple also has two other children (a boy, 7, and another girl, 3).

Michael described that he doesn't have much of a sense of Jamie except that he feels that he "loves her very much". He said he understood that Kate finds Jamie difficult to deal with sometimes, but he stated that he isn't home very much to provide much help. He indicated that he thought the best thing he could do was to try to stay relaxed and calm about the whole situation. Michael described that he finds interacting with Jamie a challenge too. Since he isn't sure what to do when she gets so upset, he sometimes avoids those situations where he might have responsibility for her care. In addition, he expressed some concern that Kate might think he is doing things wrong when he can't comfort Jamie.

Michael was gentle (almost tentative) in his interactions with Jamie. He sometimes appeared preoccupied and had difficulty maintaining Jamie's interest. When Michael had long silences between his comments or sounds to Jamie and when he talked to her without much facial animation, she seemed to tune out. On the other hand, if he was very animated or a little loud, Jamie seemed to get overwhelmed. As Jamie disengaged to take a break, Michael would disengage and begin talking to the other adults in the room. When Jamie was ready and looked to reengage, Michael was still turned away or preoccupied talking to others, thus, missing the fact that sometimes Jamie would take a "time out" because she got overexcited and needed a short break.

Kate indicated that sometimes she was frustrated in trying to figure out how to manage all the day's regular routines when Jamie was so irritable and hard to calm. She described that when she took Jamie with her to get groceries, run other errands, or attend some activitiy with the older children, Jamie often began crying and became inconsolable. While she conveyed that she loved her daughter, Kate worried that she must be "doing something wrong" since Jamie seemed unhappy and fussy. During the play session, Kate held Jamie on her knees and talked to her. Kate varied the rhythm of her voice and her sounds as she talked to Jamie, although sometimes she made sounds so quickly that Jamie hardly had time to respond. As Kate talked to Jamie, she made gradual and slow facial expressions which seemed to keep Jamie's attention. She also stroked Jamie's arms and legs gently but firmly. Jamie "cycled" between visually focusing on her mother, vocalizing, or smiling slightly and crying and withdrawing to her mother's touch. When Jamie began to cry, Kate often would use more touching and holding in an effort to calm her (e.g., rubbing her back, stroking her feet, trying to rock her in different rhythms -all within 20 or 30 seconds).

At the beginning of the observation session Jamie transitioned fairly easily into playing on the floor with several toys, with three adults nearby. Gradually the adults were able to increase their interactions with Jamie as she became more comfortable in the setting. While she withdrew from physical assistance or prompting, she initiated interaction with adults using a variety of responses such as looking, vocalizing, reaching or touching, and climbing into an adult's lap. Jamie often closely monitored (with prolonged visual regard) an adult's actions and movements throughout the room. However, she rarely took turns with adults during play with objects or during social "games".

During the session, Jamie touched toys and objects only briefly before pulling her hands away. When she did touch them, she often patted or hit them with some force. This use of her hands was observed with a wide variety of toys, including a small electric keyboard, a slinky, a koosh ball, and toys which could be spun or which were operated with rollers. While Jamie was noted to use her thumbs for exploring (a slot in the top of a toy, and buttons on an adult's sweater), she did not use isolated finger movements. Overall, while she showed interest in toys, Jamie seemed to dislike sustained contact with toys using her hands.

Jamie crawled to move about. She transitioned easily from sitting to crawling and pulled herself to standing using furniture or people. However, she did not cruise or take independent steps. When in a hands and knees position, Jamie often bounced and rocked in one place. Observations of her movement and sitting and initial assessment of her muscle tone suggested that Jamie's muscle tone was rather low, although still within the normal range. When tipped forward/backward or side-to-side, Jamie tightened her legs to hold herself in place and appeared unsteady. When Jamie was moved quickly in space she protested loudly (fussing and crying).

Kate reported that Jamie understands the names of family members and the names of some objects and animals (e.g., dog, ball). Jamie indicates her understanding of these words by looking toward the person, animal, or object named. She also responds with an appropriate action to simple requests such as "bye-bye" or "give kisses". During the play session, Jamie often communicated her wants by fussing or screaming when she "needed"/wanted something or when protesting/"saying" no; by using a specific action as a "procedure" to obtain stimulation (e.g., patting a toy that she wanted turned on or bouncing up and down to continue a game); and by looking intently at an object she wanted. Jamie made a variety of sounds during movement and play with objects including vowel sounds, 2 syllable sounds (e.g., nana, mama), lip smacks, and a growling sound. Sometimes, she crawled to an adult to initiate interaction.

Jamie played with objects by batting at a toy to produce sound, shaking objects to produce sound, and rotating them while visually inspecting them. Typically she held objects briefly (2-3 seconds). Jamie imitated familiar actions already in her repertoire (e.g., shaking toys) but did not attempt to imitate novel actions. If she could not activate a toy, Jamie repeated her original action (strategy). When she was unsuccessful with toys, Jamie often dropped them after manipulating them briefly. Jamie demonstrated her understanding of object permanence by visually searching in several locations for her mother and for preferred toys that had been moved.

Steps in Problem-Solving

1. Defining the problem.
2. Analyzing the problem.
3. Agreeing on criteria.
4. Formulating alternative strategies.
5. Choosing a strategy.
6. Implementing the strategy.
7. Evaluating the strategy's success.

(Gallacher and Maloney, 1991)

Benefits of Problem-Solving

1. Helps organize thinking.
2. Increases the effectiveness of analysis and decision making.
3. Produce significantly more effective ideas.
4. Increase the creativeness of ideas.
5. Improvement in timing of solutions, perceptions of solutions by others.
6. Maximize probability that the resulting solution will be among the best available in the universe of possible alternatives.
7. Increases the likelihood of identifying the right problem and implement the right solution at the right time.
8. Increases self-confidence, decrease stress and facilitate regular activities being accomplished because of improved ability to solve problems.

(Adapted from Gallacher, 1991)

Blocks to Effective Problem Solving

1. Lack of clarity in stating the problem.
2. Not getting the needed information (fact finding).
3. Poor communication in groups.
4. Premature evaluation/testing of alternative strategies or premature choice of a strategy.
5. A critical, evaluative, competitive climate.
6. Pressures for conformity.
7. Lack of inquiry or problem-solving skills.
8. Inadequate motivation.

(Gallacher, 1991)

Vignette

Eloise Farnapp lives in a mobile home on the edge of town in a small community in eastern Montana. The older daughter Misty is 8 years old and in second grade. She has two twin sons, Hector and Henry who are 7 years of age and in the first grade. Her youngest child is named Shade. Shade is 2 years 9 months of age. She was born a little over 2 months premature. She required resuscitation at birth and was diagnosed as having severe bronchopulmonary dysplasia, suffered a mild ventricular hemorrhage, was diagnosed with Cerebral Palsy and needed to be on oxygen until she was 6 months of age. When Shade was 7 months of age she was stable enough to be discharged from the NICU. The pediatrician referred the family to Family Support Services Early Intervention Program. He had concerns about motor development (left hemiplegia and spasticity in lower extremities), failure to gain weight, and chronic respiratory infections. Eloise did not quite share the same concerns about her daughter. Shade has been receiving early intervention services for over the past 2 years.

Shade is currently 2 years and 9 months of age. It is the responsibility of your group to determine through the Nominal Group Process Goals/Outcomes for Shade.

Family

Eloise has not seen the father of the children (her live-in friend) since Shade was born. He packed up and left the house when she was in the hospital delivering Shade. Both parents were very heavily involved in drugs (cocaine and alcohol) and smoked heavily when Eloise was pregnant with Shade. Eloise has not been involved in drugs or alcohol since Elmer (her friend) left.

Eloise dropped out of school when she was in eighth grade. She reads at about a third grade level. She does childcare in her trailer for three other families in the trailer park (a total of 6 children plus Shade).

Eloise called to receive early intervention services two days after she brought Shade (Shade was 5 months of age when she was discharged) home from the hospital, because the doctor said she should. She said she was a little worried herself about Shade's laziness and that she was so jerky in her movements. So, Eloise called and a woman, Aliza, from the early intervention program came out to the house one evening to talk to her and see Shade. Aliza wanted to know all about Shade's birth, her past illnesses, and how she felt about what Shade was doing and was not doing. Eloise did most of the talking because she knew most about all of Shade's medical problems.

Aliza noted that Shade was small for her age, she barely moved, had difficulty with lip and tongue control, did not use the left side of her body, did move head much, and tired easily. Aliza informed Eloise that her doctor had referred Shade for early intervention services. Furthermore, Aliza stated that Shade was eligible for services from Family Support Services Early Intervention Program. Aliza went on to describe the services that were available and inform Eloise of her right to decide to not participate in the services. Eloise became more optimistic about participating in the services when she

found out that Shade was eligible for Medicaid.

At first Eloise was willing to have Aliza come into her home. She was home and participated in the scheduled visits. Aliza began to see changes in Shade. Shade was putting on weight, tolerated more and different foods, was getting stronger in the right side and somewhat stronger in the left side of her body, she was moving her head further, and she was active for longer periods during the day.

However, during the holidays Eloise's mother, Anna, came to visit. Anna felt that Shade was doing just fine and was wondering why she needed services. She felt that Shade looked stronger and wasn't sick nearly as often as she was before. In fact, Anna was concerned that maybe Shade was being coddled a little too much. After Anna left Eloise began to be available less and less for visits. She began missing Dr. appointments, therapy appointments, and the meetings with Aliza.

Aliza had been calling Eloise for the past several months. Eloise was willing to talk on the phone, but was not interested in visits, until one day. Shade was almost 2 years 8 months of age. It was a Tuesday. Aliza called Eloise at her scheduled time. Eloise was excited. Her sister had told her about a special kind of therapy that could help Shade walk, it was called Dolman Delcato. She wanted to try that for Shade.

Aliza came to visit Eloise and Shade at the house. Shade was very small and thin for her age. She was crawling, but not pulling herself up. She was not using words, but was imitating sounds. Aliza asked about mom's concerns. Her main concern was she wanted Shade to walk. Aliza informed Eloise that Shade was soon eligible for preschool services and that she would like to begin planning for Shade's transition to preschool special education services. Mom was enthusiastic about the idea, especially if they used the Doman Delacoto method to get Shade walking.

Eloise has agreed to have Shade assessed by an interdisciplinary team of professionals. Aliza has helped Eloise to fill out a Parent Report Form. She has also met with Eloise to obtain further input on her questions and concerns.

The team is composed of the parent, Aliza (the early interventionist), a preschool teacher, a psychologist, a physical therapist, a nurse, and a speech and language pathologist.

Parent Report

Aliza did an ethnographic interview with Eloise to find out what her needs and concerns were in relation to Shade. Eloise stated that wanted to have her child do the Doman Delacato therapy so that she could walk. She wanted to know if there was any special equipment to meet Shade's needs.

Eloise wanted to be able to get around town without having to walk. Especially now that Shade was older and her stroller was broken. She was concerned that Shade would have to go to the elementary school across town and she had no way to get her there. Furthermore she got in trouble with one of the WIC nurses because Shade was not gaining weight. But she said that was because she was having a hard time carrying food home from the grocery store.

She stated that she didn't like people to always come to her house. Eloise stated that they "was always looking around and were judging her cleaning". She also did not want to go to any more parenting classes, they always gave her books she couldn't read and ideas but she couldn't remember them when she got home. Besides all of the people were snooty and seemed to know what to do.

She went on to describe how she wanted Shade to be around other kiddies, not just kiddies that were "uneducated" like her. Most of all she did not want Shade in a classroom with "retards". She also wanted Shade to be able to talk like other "kiddies" so she wouldn't be thought of as a retard.

At the end of the time she mentioned that one of the things she wished is that she could read.

Parent's Outcomes/Goals

1. To get Shade to walk - ~~to see about~~: the Doman Delecato method.
2. To do something so that Shade isn't always sick.
3. To get Shade to sleep more, so I am not so tired.
4. To get Shade to talk.
5. To get Shade to play for longer periods of time with her toys.
6. For Shade to be around other kiddies (and not other "retards")

Preschool Teachers Assessment

You were primarily responsible for assessing Shade's play skills. You used the play assessment scale. When Shade came into the playroom you noted that she was a small, frail child with blond hair and brown eyes. You noted that she did not walk but crawled over to the toys. The mother sat behind Shade to give her support while she played with the toys. Furthermore, you noted that Shade did not use the left side of her body, that there were shaky movements in the right side of the body, and she turned her head [illegible] and to midline, but never to the [illegible].

Shade's play age according to the Play Assessment Scale was between the 15 to 18 month range was scattered scores in the 19 to 22 month range (particularly when you used verbal prompts and motor assists.

The strengths that you noted: (1) she initiated vocal and motor acts to an adult, she observed their response, then she imitated appropriately to keep the activity going (reciprocal interaction); (2) she was able to do simple acts on objects (example she feeds the baby a bottle, she pushes the truck along the floor); and (3) she was able to do a set of acts on self (took spoon and stirred the cup and then drank from the cup).

The areas of concern that you noted were that she had difficulty with sitting and reaching certain objects without tipping over. She did not move her head to the left side therefore, when an object was to the left of her she stopped searching for it. She had difficulty sitting, therefore an adult needed to sit behind her to give her stability and support. With verbal prompting and motor assists she was able to position objects in appropriate place and act on the combination (puts doll in truck and then pushed truck) and placed toys in a scheme in a disorganized manner (tried to put all necklaces in a can, had difficulty keeping a hold of some, but with motor assists was able to round up all the necklaces and put them in the can).

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Eloise told you that she is concerned about Shade not gaining weight, and yet she doesn't want her to get fat like she was when she was a young girl. She states that Shade will eat only a limited number of different foods such as crackers, apples, bananas, yogurt, and cheese. She usually rejects any new foods that are introduced. Eloise continues to give Shade a bottle because she drinks more from a bottle than form a cup.

Eloise also talked to you at great length about having Shade walk. She is tired of always having to carry Shade around. She tells you about a new therapy that her sister told her about. She would like you to get information on that new therapy.

Eloise also talked about Shade's respiratory infections and wondered if there was something she could to with her always being sick. Eloise also mentioned Shade's suspected asthma attack two moths ago and had many questions about what she should do. She wondered if perhaps she should stop smoking inside the mobile home.

After about an hour, and a long period of silence Eloise wondered if you thought it was odd that Shade never turned her head. She wants to know if someone can fix that. She also wants to know what she can do to get Shade to talk.

Finally, Eloise mentioned that Shade still does not sleep through the night. She said she has always been a poor sleeper and that she gets her days and nights mixed up.

Early Interventionists Assessment

You have been working with Eloise and Shade off and on for the past 2 years. Shade is a small frail girl with blonde hair and brown eyes. You have come into the home to provide support coordination and early intervention services to the family. Eloise was very cooperative about having you come into the house for the first several months, but then all of a sudden things changed and she was seldom home when you came for your scheduled visits. When you asked her if she wanted to continue with the early intervention services she replied that you could call her and visit maybe once a month. Again she was seldom home for the appointments until one day. Shade was about 2 years 8 months of age. Eloise called you and wanted you to come and visit this week, she had some questions for you. You arranged a time that would be convenient for both of you.

When you arrived at the mobile home you found Eloise waiting for you on the front step. She didn't want you to come inside and she said Shade was sleeping. Eloise was excited about a new kind of therapy that her aunt had told her about and she wanted to do it with Shade so that she could walk. You said that you would get her more information on the therapy, but you also wanted to let her know that Shade was at the age when they begin to transition children into preschool special education services. Eloise said good as long as she wasn't with retarded kiddies, and as long as they would do the therapy with her. However, she said there was no way if she had to get her there.

Eloise consented to an evaluation by a team. She wanted to make sure that you were going to be there with her. She said she trusted you to do what was right for Shade. She asked you to help her at times because she wouldn't know what to say to all these high minded people.

Since you had not seen Shade on a regular basis for awhile you increased your number of visits to the family to two times a week for the next four weeks. You wanted to establish rapport with not only Eloise, but also Shade. You decided that you wanted to do an assessment with Shade so that you could have an idea of where she was in her various developmental areas. You decided to give the Batelle. She demonstrated a 20 month level in language development, a 22 month level in cognitive development, a 20 month level in gross motor development and a 21 month level in fine motor development, a 23 month level in social skills and an 19 month delay in adaptive skills.

Her strengths included greeting familiar adults spontaneously and responding to social contacts made by familiar adults, she shows an awareness of self, she attends to an activity for long periods of time, receptively responds to commands, vocalizes sounds, and finds hidden objects. Many of the assessment items required verbal and motor responses.

Areas of concern included attention to task, tasks requiring finding hidden objects, problem-solving (using one object to obtain another) and categorizing like objects.

Psychological Assessment

Shade was accompanied by her mother in the assessment room. Shade is a small frail looking child with blonde hair and brown eyes. She preferred keeping her head to the right side and mother often would have to turn her body to make sure that Shade was facing the objects. Shade used only the right side of her body and not her left.

Testing was started at a table with Shade sitting on her mother's lap; however, she soon became restless and, eventually, the test materials were moved to the floor where Shade would have more freedom to move around. Shade was interested in the test materials and was reasonably cooperative for the first half of the testing. Then, she grew more restless and became irritable. Her mother said she was getting tired so you suggested that the session be interrupted in order to give her a snack. When she was finished eating, testing was resumed and she was more cooperative. Overall, you feel as though you got a reasonably accurate assessment of Shade's cognitive skills.

You administered the modified version (designed to assess cognitive development in young children with physical difficulties) of the Bayley Scales of Infant Development (Mental Scale) and the Vineland Adaptive Behavior Scales. On the Bayley, Shade consistently passed items through the 19 month level. She showed scattered skills through the 20 and 22 month level, but did not pass any items at the 21 month level. Her overall score showed her cognitive functioning to be 20.1 months. This is significantly below her chronological age of 31 months and also below her age corrected for prematurity (28 months).

Some of Shade's highest passes included means/ends behavior, imitation of adult actions, and causality. Areas of concern included attention to task, tasks requiring finding hidden objects, problem-solving (using one object to obtain another) and categorizing like objects. The results of the Vineland showed comparable developmental levels in social/adaptive functioning.

Nursing Assessment

You spent time with Eloise reviewing the initial referral information related to Shade's birth and medical history. Eloise seemed to have a reasonable understanding of Shade's medical condition, especially with regard to bronchopulmonary dysplasia.

Shade is a small, frail looking, little girl with blonde hair and brown eyes. She was tired and fussy during the interview with the family and throughout your brief examination. Shade's height is below the fifth percentile compared to other children her age. Her weight is below the third percentile. All of her immunizations are up to date. At this time Shade is on antibiotics for a recent bout of acute bronchitis. You could not help noticing that Shade's teeth are slightly gray in color. Perhaps this is a consequence of frequent antibiotics. You asked about fluoridated water and the parents said they were on the town's water system.

Shade also had a fairly severe diaper rash today. According to Eloise, this occurs every time she is on antibiotics. She is justifiably concerned about the discomfort Shade experiences with these rashes. She says that she bathes her in baking soda water and uses over-the-counter- medications.

While discussing Shade's immunizations, Eloise asked about flu shots. She said that the doctor suggested that they might reduce the number of times that Shade got sick. He also told her about the possible complications associated with the flu immunization. She couldn't remember all that he had said, but she remembered that it scared her and she decided to hold off on the shot for awhile. She asked you whether or not you thought it would be a good idea in terms of reducing the amount of time Shade was sick.

In discussing Shade's weight and diet, Eloise revealed her concern that Shade was "too skinny" but she didn't want her to be fat like she was when she was a child. Evidently Shade is choosy about the foods that she will eat and Eloise continues to give her a bottle in order. Eloise mentioned that her mother frequently offered suggestions on ways to fatten up Shade and she asked you whether there was any truth to cod liver oil being good for children.

Speech and Language Assessment

Shade was accompanied by her mother for the first assessment. Shade is a small, rather frail looking child with blond hair and brown eyes. Her head looks rather elongated and she keep her head primarily to the right side or midline, never turning it to the left. Shade can sit independently and crawl. She doesn't appear stable when Eloise places her in a standing position; even when she is held firmly by the adult. Shade also needed to have her mother propped behind her to give her stability while sitting. She showed interest in toys and could reach, grab, pull, bang, and throw objects. You did notice however, that her right arm movements were shaky.

Due to the child's age, testing was done in an informal manner. Some testing was done on the floor and some with Shade sitting on her mother's lap. Overall, Shade was alert and cooperative for the testing so you feel as though you have a relatively accurate assessment of her abilities. Eloise was somewhat reticent about answering your questions, but was somewhat cooperative in eliciting Shade's cooperation.

Shade's overall expressive language appears to be at about a 15 - 18 months level with a few scattered skills slightly above that level. She is still engaged in vocalizing sounds, but mother reports that she does use single sound utterances in conjunction with pointing with her right hand when she wants something out her reach. This was only observed on one occasion during the testing session when the child pointed at a large ball on the shelf. She reached her hand up in the direction of the ball and said "MA". She did not show communicative intention by alternating glances between the ball and a nearby adult. Observation of the mother child interaction revealed some imitation of sounds produced by the mother although this was inconsistent with the mother and could not be achieved by you when you tried to elicit it.

Examination of Shade's oral-motor structures revealed a high arched palate. Otherwise the examination revealed normal speech mechanisms. You did notice, however, that Shade's breathing was a bit labored and wondered whether this might not be a problem now or at a later time in terms of breath control and diaphragmatic strength.

Shade's receptive language appeared to be at the 20 month level. She was able to point to pictures of familiar objects, follow simple two step directions, attended to conversation of others, and responded to her name. She oriented correctly when asked about mommy, doll, and ball.

Motor Assessment

You were primarily responsible for assessing Shade's fine and gross motor skills. When Shade came into the playroom you noted that she was a small, frail child with blond hair and brown eyes. You noted that she did not walk but crawled over to the toys. The mother sat behind Shade to give her support while she played with the toys. Furthermore, you noted that Shade did not use the left side of her body, that there were shaky movements in the right side of the body, and she turned her head [redacted] and to midline, but never to the [redacted]. You are concerned by mom's enthusiasm about the Doman Delacato therapy. You wonder why she would put her child through that.

The fine motor assessment revealed that she had scattered passes up to the 19 month level. Her inability to move her head past midline to the left and her lack of stability caused her to have difficulty with several of the fine motor items. However, by stabilizing her while sitting and placing objects at midline or to the [redacted] enabled her to successfully complete many of the fine motor tasks. She showed limited movement and no grasping with her left hand.

The gross motor assessment revealed that she had scattered passes up to the 18 month level. She was crawling on all fours both forwards and backwards and was according to mom's account beginning to pull herself to standing, but only for a few minutes. She is able to toss a ball with her right hand, but not her left. She is able to move from a lying position to a sitting position. However, she tends to have more stability when she has support behind her. She primarily uses the right side of her body. She turns her head to the right and to midline, but not to the left.

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Questions to Pose in Choosing a Strategy

1. What ideas can I discard because they are not supported by the data?

2. Can I simplify the list of possible alternatives by combining, rearranging, or modifying?

3. How well does each proposed strategy meet the criteria that were established earlier?

4. What are the advantages/disadvantages of each alternative?

5. What is the cost of implementing each strategy in terms of people, materials, time, or other resources?

6. What would happen if I selected this alternative?

7. Can I think of any reason why this strategy wouldn't work?

(Adapted from Gallacher, 1991)

Questions to Pose to Formulate Alternative Strategies.

1. What can I do?
2. Is there anything else?
3. Can I modify, reverse, rearrange, or combine any previous ideas?
4. What is the most far out, improbable, or unlikely idea?
5. What would I do if I had no limits and could do anything I want?
6. How could I increase the likelihood of accomplishing the desired state of affairs?
7. How could I decrease or eliminate factors that would prevent me from achieving the desired state.

(adapted from Gallacher, 1991)

Possible Questions to Pose when Analyzing a Problem

- Are there factors or causes of the problem that we know for certain?
- What would we have to change or what obstacles could we remove to attain the desired situation?
- What would help the group to move toward the desired state of affairs?
- What hinders the group from achieving the desired state of affairs?
- What have you heard, seen, or read that is related to this problem?

(Brilhart, 1982)

Possible Questions to Pose in Defining Problem

- What are we talking about? What are we concerned about?
- What is happening that is unsatisfactory?
- Do we need to define any concepts or terms?
- Who or what has been affected and under what conditions?
- How serious is the problem?
- What other information do we need in order to assess the extent and nature of the problem?
- What is the desired state of affairs we hope to achieve? Where do we want to be? What should be going on?
- What has been tried before that did not work?
- Do we all agree on this description or definition of the problem?
- Does this problem have any parts? If so, what are they and in what order should we address them?
- What are the underlying tensions, concerns, or frustrations about this situation?

(Brilhart, 1982)

CONFERENCE WORK GROUPS

RURAL SERVICE DELIVERY ISSUES

Family Support
Transportation
Funding
Networking Strategies

FAMILY SUPPORT ISSUES

Group I

A. Issues
   1. Finance
      a. Medical expenses
      b. Respite
      c. Housing
      d. Basic needs
   2. Support for Parents and Family Members
      a. Emotional
      b. Education
      c. Motivational
   3. Resources
      a. Library
      b. Toys
      c. Equipment
      d. Tapes
   4. Education
      a. Professionals
      b. Parents

B. Priority Issue:
   Finance (medical expenses)

C. Analyzing the priority issue:
   1. Income
   2. Numbers in household

D. Strategies (options - sources)
   1. AFDC
   2. SSI
   3. Medicaid/Waiver
   4. Food Stamps/Household resource
   5. Christian organizations
   6. Salvation Army, United Way, etc.
   7. Service clubs--Lions Club, etc.
   8. Children's special services
   9. Rehabilitation/Job training
   10. Housing Authority/Section 8

Group II

A. Parent Support Issues
   1. Transportation (5)
   2. Cultural issues
   3. Acceptance of program
   4. Lack of parent advocates (1)
   5. Providing Equipment
   6. Isolation from services, other families (1)
   7. Lack of parent support groups (2)
   8. Distance from services, others
   9. Information available on services
   10. Lack of services, facilities (2)
   11. Cost of services--insurance (4)
   12. Family violence
   13. Long waiting list (1)
   14. Confidentiality and judgmental attitudes
   15. Parenting skills (1)
   16. Lack of in-home services and therapists (3)
   17. Literacy education (1)

B. Priority Issues
   1. Transportation
   2. Cost of services

Group III

A. Family Support Concerns/Issues
   1. Getting couple or parent to counseling (3)
   2. Childcare/Babysitting--mom relief, free or inexpensive, family (3)
   3. Networking/Coordination of services (6)
   4. Isolation--need support from other families in same situation (group therapy/parent group)
   5. Unhealthy living condition
   6. Cultural--sensitivity to rural family values
   7. "Man of the house" vs. need to empower parent/family

B. Priority Issue:
   Networking/Coordination of services

C. Overcoming Barriers
   1. Transportation
   2. Child care
   3. Fun outings
   4. Respite

5. Network with parents in other locations
6. Parent-to-Parent
7. Publicity in accessible places
8. Parents meeting with other parents
9. Understanding offered by others in same situation
10. Attitude check
11. Collaboration--parents, agencies, universities
12. Reimburse money for parents to facilitate:
    a. Network of family supports
    b. Resource referral by interventionists
13. Lack of services
14. Cost of services
15. Lack of parent support groups
16. Knowledge of law and other issues
17. Availability
18. Confidentiality
19. Parenting skills appropriate to situation
20. Publicity
21. Legal know-how

D. Analyzing the priority issue: Networking
1. Agencies are "turf" defensive/competitive
2. All kinds of forms/terms
3. Perceptions of roles--no clear definition of what various agencies are doing
4. Need for coordination of care not linked to other agencies--child/client centered and community based
5. Flexibility needed
6. Money/Funding

E. Strategies
1. Family
    a. Wants and needs--meet what is out there being provided
    b. Where does it not meet? What do we do?
2. Change how funding is regulated and given to specific agencies. Put all the funds in a pot and allow families to choose. Therefore, agencies have to become more responsive and provide better services.
3. Parent networking--voices/votes pushing for changes in funding allocations
4. Educating parents--advocating for the child at all levels
5. Connecting parents to representatives
6. Use mass communication systems and media if possible
7. Tell the parents, "You are consumers, demand quality."

Group IV

A. Family Support Issues
   1. Communication--no phone, do not drive, can not read or write
   2. Respite care--for all disabilities and siblings (3)
   3. Building parents' self-esteem
   4. Helping parents understand what therapy services are available and accessing services (transportation and adaptive equipment)
   5. Parent to parent support (include Part B) (4)
   6. Child care during working hours (2)
   7. Transportation to two year-old programs
   8. Geographic distance--impairing access to support groups
   9. Money
   10. Family planning and education of teens
   11. Continuity of services (birth to death)
   12. Recreational opportunities (kids and families)
   13. Understanding all systems (school, SSI, social service, medical, religions and their rules)
   14. Understanding the diagnosis
   15. Translators for non-English speaking families
   16. Transitioning for families, preparing parents for next setting
   17. Professional attitudes, not being sensitive to family issues and needs (urban specialists unable to relate to rural families)

B. Priority Issue:
   Parent to Parent Support

C. Analyzing the priority issue:
   1. Shared child care
   2. Building self-esteem
   3. Communication (literacy, no phone, car)
   4. Part B and transition issues
   5. Geographic distance
   6. Understanding systems and rules
   7. Understanding diagnosis
   8. Translation for non-English speaking
   9. Recreational opportunities

D. Strategies (solutions):
   1. Be aware of what is available
   2. Organize new groups
   3. Vary location

TRANSPORTATION ISSUES

Group I

A. Issues:
   1. High cost of providing vehicles
   2. Amount of time children remain on van/bus
   3. Lack of more transportation vehicles
   4. Amount of parents, people to volunteer to drive vehicles
   5. Families not having own transportation
   6. Wear and tear on professionals' personal vehicles
   7. Bus monitor being knowledgeable enough of young children's behavior
   8. Cost to parents
   9. Distance of families to services
   10. Transportation (lack of) as barrier to appropriate services
   11. Allowing parents to ride bus with child to school
   12. High cost of providing insurance

B. Priority Issue:
   Distance of family to services. Services are not geographically dispersed. Services tend to be clustered in urban areas.

C. Analyzing the priority issue:
   1. What are facilities (schools, etc.) around families
   2. Provide services in home for cluster of people
   3. Need for more service providers
   4. Provide incentives to native people to stay in the country
   5. Locate adults in county to receive training
   6. Consultation model

D. Criteria (for strategies):
   1. Utilize existing funds
   2. Find new funds

E. Strategies:
   1. Mobile Unit (classroom on wheels, etc.)
   2. Training providers/incentives to native people
   3. Consultation Model - paraprofessionals and use of local facilities - public school, head start, public buildings
   4. Taking (families) to needed services

Group II

A. Issues:
   1. Isolation of families
   2. Getting families to appointments (doctor, etc.)
   3. Getting families to drug store, grocery, etc.
   4. Getting great evaluation without family having to drive great distances
   5. Liability issues for volunteer re: transportation
   6. Distance limitation on travel
   7. Parent support groups - distance to travel
   8. Lack of public transportation system
   9. Getting therapists to families

B. Priority Issue:
   Getting families to appointments

C. Analyzing the priority issue
   1. Lack of transportation
   2. Lack of motivation
   3. Lack of education
   4. Insensitivity of physicians to distances families must travel
   5. Parents' work schedules vs. physician's schedule
   6. Lack of professionals in rural areas

D. Strategies
   1. Lack of transportation
      a. Medicaid when possible
      b. Reimburse mileage (through state early intervention system)
      c. Family and friends (reimburse)
      d. Home-based services (home health, etc.)
      e. Family support services
   2. Lack of motivation
      a. Tangible rewards for making appointments
      b. More services with diagnosis (SSI, etc.)
      c. Services available near popular place in town where family can always manage to get to (Wal-Mart, night club, etc.)
      d. Clarify with family why they are not getting to appointments (e.g. afraid of driving in the city)
      e. Future thinking (if I don't take my child to the doctor how will it affect the future?)
      f. Physician's language with parents (terms used)
   3. Lack of professionals
      a. Regional clinics
      b. Mobile clinics
      c. Coordinate appointments (e.g. get several appointments the same day)

Group III

A. Issues:
   1. Service Provider Issues
      a. Takes too much time to transport groups
      b. Round trip too far, too long (when transporting client)
      c. Limited (or no) center resources
      d. Difficulty following rural directions
      e. Mileage reimbursement for service providers is limited or inadequate
      f. Not enough adults (staff) on van
      g. Bus driver training (vehicle & care of children)
      h. Travel hazards for service providers (dogs, flat tires, etc.)
      i. Family not home when service provider arrives
      j. Liability insurance for drivers
   2. Family issues
      a. Family schedules limited, making self-transportation difficult
      b. Need for reliable vehicle
      c. Cost of travel (gas, lodging, food, etc.)
      d. Family has one car (dad has it at work)
      e. Evening transportation for parent groups, etc. is needed
   3. Community issues
      Families taken out of own communities to get services (inability to get there)
   4. Family and Service Provider issues
      Need for safe & appropriate car seat for family use
   5. Family, Service Provider, & community issues
      a. Empowering families to find resources to solve own transportation needs (including funding/cost issues)
      b. Stigma of using service provider's bus, van, etc.

B. Priority Issues:
   1. Service Provider - personal danger, liability insurance, mileage reimbursement limited, and "no show" at home visits.
   2. Family Issues - distance, car seats, schedule, reliable vehicle, cost of travel, driving skills.
   3. Community Issues - empowering families to access and advocate for services (family required to travel outside of community, eligibility restrictions, limited public transportation, & stigma of using provider's van)
      *Note: If these issues were solved, it would relieve service providers

C. Strategies
   1. For no shows on home visits, limit services
   2. For safety of providers, travel in pairs and (have) car phones
   3. Form advocate group to solve public transportation problems
   4. Look to church and community (civic) groups for answers
   5. Teach parents to drive

Group IV

A. Issues:
   1. No vehicle
   2. No gas money
   3. Time out from work/income
   4. Customized/appropriate vehicle
   5. No child care
   6. Distance - home to centers
   7. No driver
   8. Advocate/support

B. Priority Issue:
   No personal transportation to needed service

C. Criteria
   1. Set fee for mileage
   2. Lack of volunteer
   3. Liability concerns

D. Strategies
   1. Agencies - Part H enhancing/incentives for persons to transportation - reimbursement (staff drivers)
   2. Write grants
   3. Churches
   4. Retired persons
   5. Non-profit organizations
   6. Government agencies
   7. Business

FUNDING ISSUES

Group I

A. Issues
   1. Not enough funding for the therapists--PT, OT, speech
   2. How do you know what funding is available or what you are eligible for?
   3. Why is funding an issue? Why do we have to plead? Change funding priorities in country!
   4. Money for transportation
   5. Educational incentives--scholarships, grants
   6. Funding which covers inappropriate care as opposed to appropriate care
   7. Finding resources, knowing how to apply (assistance to families to know and apply)
   8. Funding for testing--up front--not having to wait for evaluations
   9. Grants are too restrictive--when money is gone, what happens?
   10. Urban areas get money
   11. Funding is not providing for teaching, certification, etc.
   12. Requirements change and expand too much! Lack of respect for experience.
   13. Paperwork to get funding (60 % plus of our time in paperwork)
   14. Supervisory personnel will not support going for the money

B. Priority Issue
   1. Getting the money

C. Analyzing
   1. Restrictive grants
   2. What happens with the program when the money is gone?
   3. Money goes to urban areas; rural areas are devalued
   4. Interference from supervisors
   5. Paperwork needed to get and maintain grants
   6. How to find grants, access the money
   7. Skilled grant writers, people with time to pursue

D. Solutions
   1. State-provided grant writing workshops (through ICC and university together)
   2. Intervention at start of grant writing process
   3. Mobilize and educate parents to advocate for funding (get them to the people of power), to be positive, show success stories, not just bad mouthing. People react well to positive people.
   4. Grassroots cooperative
      a. For legislative action
      b. Between service providers and parents (letter writing, phone calls)
   5. Centralize the money and resources (Medicaid, mental health, comp care)
   6. Class action lawsuits to equalize the funding between rural and urban areas. Force equality.

7. Encourage supervisors to interact with program staff and participants, i.e., parent support groups
8. Talk about using universal forms to eliminate paperwork
9. Use interagency coordinating councils to inform on grants

Group II

A. Priority Issue:
Lack of Communication with Management

B. Analyzing the priority issue:
1. Early intervention providers have no say or knowledge of budgets
2. Lack of understanding of need for children's services
3. No future vision for early intervention
4. We are only one voice asking for money
5. Struggle for recognition
6. Lack of parent networking
7. A need to educate parents about legal rights
8. Need to empower parents
9. Management is also overworked
10. We compete with adult services

C. Strategies/Solutions
1. Mini proposal--including cost, liability, etc. to present to management
2. Take responsibility for communicating
3. Network with other early intervention providers
4. Approach funding sources with a spirit of cooperation
5. Give up turf issues
6. Invite administrators to visit early intervention programs
7. Do not assume that government officials will not visit you--invite them
8. Keep an open mind

Group III

A. Funds for Public Awareness
B. Criteria
   1. Child find mandate
   2. Determine the amount allowed
   3. Determine the need for more
C. Strategy
   1. Advisory board determines need
   2. Allocate funds
   3. Having consistency
D. Funding Issues
   1. Have funds available to attract educated persons to early intervention
   2. Set rates for therapy
   3. Money for medical students to practice in rural areas (doctors and nurses)
   4. Write grants for more money
   5. Money for public awareness
   6. Identify funding sources (public and private, who pays for what)
   7. Federal money for child tracking
   8. Combining various fund sources--knowing the regs or policies and procedures
   9. Analyze the distribution of funds throughout various agencies
   10. Assist parents in completing forms for various funds
   11. More money per child
   12. Funds for technological updates/equipment
   13. Part H to Part B money more flexible

Group IV

A. Issues (S--Systems; G--Grants)
   1. G--Private donations possible source (spreading thin)
   2. G--Grants utilizing research librarians, colleagues/consultant team
   3. G--Computer log of grant possibilities
   4. G--Grant writing workshops
   5. S--More efficient use of existing sources, accountability of agencies for money being spent
   6. S--Middle income people not eligible for a lot of funding--family stress/overworking to pay bills (penalized for working hard), SSI, Medicaid
   7. S--State funding for early intervention
   8. S--Insurance, health care
   9. S/G--Lack of funding for services especially medical and special equipment
   10. S/G--Headstart--high risk and children with disabilities, staff not trained to work with this combination--safety
   11. Community, social responsibility, churches

B. Priority Issues
Goal--all kids get all services regardless of income

C. Analyzing the priority issues
1. Grants--need to investigate
2. Churches--ask for specifics (space, time, services, respite, child care)
3. Systems
   a. Social responsibility--interagency groups linking with other services
   b. More efficient use of existing resources--prevention, prenatal care
   c. Middle income
   d. State funding
   e. Lack of funding
   f. Insurance
   g. Headstart

D. Strategies
1. Create a system that is coordinated to provide services
2. Require insurance companies to cover services needed
3. Health care reform--support concerns through letters, etc. PAY ATTENTION and voice opinions
4. Schools
5. Networking local interagencies' input into the system
6. Better utilization of grant resources
   a. Grant workshops/Technical assistance
   b. Better information dissemination from state level
7. More efficient use of existing resources
   a. Interagency groups linking with other services
   b. Trained staff in Headstart
8. Legislation

Magnolia Circle Outreach Project
Rural Service Delivery Conference
September 30 and October 1, 1993
Nashville, Tennessee

Networking Strategies

* Write a description of program and services -- your program or a program in your area; include funding, people, resources, etc.; one or two pages

  Send to Magnolia Project by October 15; Magnolia staff will have information typed up and sent to everyone who participated in the conference

* The federally funded parent and training information centers in each state may have money available for parents to attend workshops, etc.

  Paulette Logsdon will send copy of PTI centers to Magnolia Project and Magnolia staff will send out to participants

* Write comments about services and send to the state Interagency Coordinating Council (ICC) parent member

* Magnolia will send an updated copy of the ICC chairs from each state

* Issues/solutions from this conference will be sent to the ICC chairs of each state

* Tape from conference -- send to Hillary Rodham Clinton; to ICC

* Contact legislators

* Use universities/colleges -- students in various fields (e.g., OT, PT, child care, etc) as volunteers in program

* Volunteers who are elderly -- intergenerational programming; e.g., foster grandparents program, retired senior volunteers

* Make the rural conference an annual event

* National Health Care -- request profession (doctor, etc) for service in exchange for college tuition

donna disk/rur

CONFERENCE EVALUATION

EVALUATION

SOUTHEAST RURAL SERVICE DELIVERY CONFERENCE

We are very interested in your response to the conference. Your comments and suggestions are valued by our staff and will be useful for our future planning efforts.

Please circle the numeral that indicates your response to each question.

	Not at all		Somewhat		A lot
Did the conference address topics that are important to you?	1	2	3	4	5
Was the format acceptable (i.e. type and length of activities)?	1	2	3	4	5
Did sharing ideas/networking with families and staff from other areas have a positive impact?	1	2	3	4	5

As a result of participation in this conference I plan to:

Suggestions for future networking opportunities:

And furthermore:

Comments for Dr. Forest:

Thank you for your response.

Please offer any additional comments on the back of this form.

31 RESPONDENTS

EVALUATION

SOUTHEAST RURAL SERVICE DELIVERY CONFERENCE

We are very interested in your response to the conference. Your comments and suggestions are valued by our staff and will be useful for our future planning efforts.

Please circle the numeral that indicates your response to each question.

	Not at all		Somewhat		A lot
Did the conference address topics that are important to you?		2%	12%	27%	59%
Was the format acceptable (i.e. type and length of activities)?	2%	6%	6%	27%	59%
Did sharing ideas/networking with families and staff from other areas have a positive impact?		2%		10%	88%

As a result of participation in this conference I plan to:

(SEE ATTACHED)

Suggestions for future networking opportunities:

(SEE ATTACHED)

And furthermore:

(SEE ATTACHED)

Comments for Dr. Forest:

(SEE ATTACHED)

Thank you for your response.

Please offer any additional comments on the back of this form.

SOUTHEAST RURAL SERVICE DELIVERY CONFERENCE
EVALUATION - 31 RESPONDENTS

AS A RESULT OF PARTICIPATION IN THIS CONFERENCE I PLAN TO:

- Become more aware of the services available in our area
- Be more active in parent to parent network
- Consider some creative ideas
- Share learned information with service providers in my state
- Be more sensitive and supportive of rural programs in my state
- Use nominal group technique or modifications during m-teams and try to motivate other teachers in our school system to use it. Use information from suggestions by others, continue contacts/networking for support and stimulation. I got some great ideas for future action.
- Use the ideas in our PTI (Parent Training & Information) center and individual cases I work with. There were wonderful ideas as far as the presentation of the conference/workshop
- To check into grant writing; more interagency coordination
- Keep doing what I'm doing and not leave this profession to work at the Wal-Mart. The support with kindred spirits was invaluable
- Stay involved, stay informed - be more parent-oriented
- Look for alternative ideas in order to provide more services for people and families served
- Use round-robin system
- Explore alternative locations for providing services; work with parent-to-parent representative from Trade, TN to facilitate a group in my county
- Network with more agencies; using the outlined plan to solve problems and not just with writing IFSP's
- Explore various funding sources, policies, requirement, etc. Become more familiar with governing agencies for child related issues. Become more acquainted with PEOPLE who are involved
- Share the information with people I work with; try some ideas that I got from other participants
- Evaluate my current role and expand to reach the higher goals of the early intervention masses: funding, transportation, etc.
- Look more carefully at group processing
- Report back to the state and local councils about the ideas and solutions I discovered through this workshop
- Use strategies to improve services to rural families
- Increase my time devoted to advocacy for early intervention. Explore further ways to network parents in early intervention. Utilize the group techniques learned here in my role as a trainer.
- Pursue more information on funding those grants. Educate parents; connect parents to each other and reps! "You're consumers in this system, demand quality in services!"
- Check on grant information regarding a medical mobile unit in our area.
- Implement as much of the information as possible in my area.
- Use the nominal group technique more often; use some of the ideas presented by other service providers and parents.
- More actively look for funding for services, etc. for families, education for myself. A little bigger picture of early intervention.
- Organize more parent groups and invite executive director to our program

SUGGESTIONS FOR FUTURE NETWORKING OPPORTUNITIES:

- Center-based, activity based classroom.
- Annual Conference; I like the format where everyone talks in turn; 2 days at least; continue some group activities; have a parent speaker for one segment
- Promoting parent participating in program. Parent program.
- Have an annual meeting of this kind
- Yes! Let's! Maybe post-conference survey regarding future networking. Let's do this again - maybe annual meetings - follow-up, through newsletter on what's happening as a result of this conference state by state.
- More conferences and workshops
- Grant writing and available grants for Early Intervention and Preschool
- Do this again next year. Do this again next year. Do this again next year. Do this again next year. Please! Thank you!
- Have similar conferences and focus on one issue like transportation or funding - have everything geared toward that one topic and cover everything possible.
- Change in activities rather than the same set up for groups
- Fund writing
- I would like a participant list if possible. It is wonderful to meet people from other states.
- Have representative from more agencies - such as Tennessee Early Intervention System, Dept. of Education; more parents; public school teachers
- Newsletter involving agencies (Regional)
- Let's do this at least annually. Continue parent scholarships.
- Include legislators and managers. Thank you for sending notes for this conference: FANTASTIC! This is the way things change!
- This could be an annual event.
- More parents involved
- Time to explore problem issues that just come up in the work and daily lives of Early Interventionists's and/or parents. Next time does not have to be topic specific as it was this time but could use this same format
- Parent networking has been the most enlightening issue for me. I would like to see parents forming a coalition in each state with state representatives getting together to problem solve and advocate for the kids
- A list of names and addresses of conference participants circulated following the meeting
- Writing a description of the program; another conference next year would be valuable, don't know if my agency could afford to send me next year

AND FURTHERMORE:

- On Friday we stayed with the same group all morning. This was a little stress inducing for some because not everyone was participating equally - and others dominated issues - change groups every time if possible.
- Sue was a wonderful speaker and easy to listen to with great information. I would've like to hear more about specifics of what has worked in rural areas - funding, programming, transportation. Wide variety of people attending very helpful and from such a wide area.
- Thanks so much for the opportunity to network with rural service providers. This is a rarity.
- Parent expenses reimbursed is a big plus. Please try to continue and expand that.
- We need to send the products of this session to Hillary Clinton for input into health care reform
- Donna, Evelyn, and Donna C. such dynamic, considerate, intelligent coordinators. They really did an A-1 job of organizing and pulling off this conference. It should be annual - if not bi-annual!! What a wealth of talented, creative, inspired female educators! Thank you!
- Add a segment on communication skills in future workshops - How to approach and respond to others: person to person; person to Legislature; person to agency; agency to agency.
- I really did like the "smallness" in the number of participators. This made it easier to talk with other professionals
- It was a good idea to have parents here. I learned many things here and would like to meet with this group again. (Rural service providers and parents.)
- I learned to look at rural areas differently
- The size of the conference is just about right. There is more interaction with a group this size than with much larger groups. Good location.
- I sincerely hope this will be an annual event. This has been the best and most organized conference I have been to in 17 years of attending conferences.
- Enjoyed having a parent's point of view. Good job!!! to the planning of the conference. Good location.
- I like the small group size - suggest future similar-type training be limited to 50. I liked being in different sub-groups at different times. Thanks for name and address list of participants. We will continue networking!!! Did not like role play. Not enough time overall.
- State education/school district people need to be here to listen to concerns. They should give input. More direction needs to be given on specific rural attitudes and how to help work with those attitudes. The small groups worked well. We learned from each other. The facility was beautiful. Head Start and other 3 - 5 programs need to be included.
- More time to network.
- We needed a little more time for groups or at least warning of when we were half way through. We were so involved in discussion it was difficult to finish.
- How to write grants. Phone-tree calling other counties when a grant is available.
- More events focusing on rural concerns!
- I just recently moved to TN and started working at [my agency]. I feel that although I didn't have a lot of input I learned a lot about this area and the many differences between California and Tennessee. And also the different funding from area to area. Thank you!
- I already was familiar with Nominal Grout Technique and would not have come had I known it would be taught and used. I came to hear about programs that effectively serve rural families not brainstorming problems and possible solutions. The workshop was well done but was not in my opinion what it was advertised to be.

COMMENTS FOR DR. FOREST:

- You did a great job!
- Nominal Group Technique is great! Thanks for sharing it with us. It was a real pleasure meeting you.
- Really enjoyed your excitement and realization you brought with you for the concerns we face.
- One of the most dynamic conferences I've ever attended. The best! I'm going back with a renewed sense of mission.
- Please don't spend so much time on Nominal Group Technique. Thank you.
- You did a wonderful job!
- Thanks for the treats! Very effective conference.
- Thank you for sharing rural perspectives from another part of the country. It helped me keep mine!
- Excellent presentation, style, basic information -fast moving (no boredom). Good balance of activities. I liked getting the tools, skills & practice, liked your motivation techniques. Thanks for doing this here - Can we get you back?
- Thank you!
- Thank you so much. This was one of the best conferences I've been to in a long time. My husband who loves bears, deer and mountain lions wants to know if you need nurse practitioners.
- I enjoyed your presentation - hope to see you next year.
- In the groups we had so many issues to discuss but not enough time to talk about solutions. I met more people at this conference than any I have been to. The group activities were great.
- Well prepared and presented. You were excellent. Thanks!
- She's great, she interacted well with all groups. She was in tune to group discussions.
- It is wonderful to see so many caring professionals together brainstorming and generating ideas for future possible solutions. You had a wonderful way of bringing it all together.
- You're great! Thanks for your respectful attitude and sense of fun. Thanks also for the new ideas and not the same old stuff. Please come back!
- I like your style and methods of presentation, dedication to topics. Would like to attend a similar conference in your state.
- Excellent.
- You are an excellent speaker and this workshop was very beneficial to me. I would love to work up in Montana.
- She was wonderful to listen to. I usually get bored with "key note" speakers, but she was very captivating in all topics she discussed. The Montana treats were a plus also.
- Good "hands-on." Thank you!
- Marvelous! It's always a joy to hear such an intelligent woman with practical experience in so many different areas. Techniques and networking skills are something so useful to us all!
- I enjoyed meeting you and I feel that the Nominal Group Technique will be helpful in changing the way IFSP's are developed in my region.
- I'm a parent. I appreciated the value system you set for all participants. It was quite effective, however, some professionals didn't always honor the equal value. This happens all the time, but your efforts were helpful in seeing that everyone is equal. I enjoyed the conference. Thanks!
- Good info. & facilitation and much enjoyed learning and utilizing the group techniques.

COMMENTS FOR DR. FORREST (CONT'D):

- Nominal group technique all right for a while, but it got old. Networking opportunities limited by structure to some extent, last 1/2 hr. was very valuable. It's nice to meet a university person who is still tied to real life & children & families. Good for you! Wide variety of people attending very helpful and from such a wide area.
- Thank you! The Nominal Group Technique is great! And I will take the technique home with me to enhance the meetings we have. Your experience and knowledge is amazing and gave me so much hope for the future.

PLEASE OFFER ANY ADDITIONAL COMMENTS ON THE BACK OF THIS FORM:

- Thanks! Food and other accommodations were great too. It was nice not to have to go out for lunch.
- Great to have parents here - their contributions were extremely important.
- Thank You!
- Could we afford this better, with more parents, etc. if it was in a rural, retreat setting - cheaper and would require more networking because we'd be eating together/staying together, etc.
- Highlight programs/states that are making Part H and Part B work for children and families in rural areas. Talk to us at the KY Dept. of Education about support ($'s) for the next meeting or activities that will lead to the next meeting. Let's meet in Nashville again!
- This is the best training/conference I have been to! Truly interactive - yes we should continue to fund parents to come and see about funding our low-paid professionals and para-professionals, try to attract supervisors - but let's not get too big.

RESOURCES ON

RURAL SERVICE DELIVERY ISSUES

INFORMATION EXCHANGE & MATERIALS DEVELOPMENT

RURAL INSTITUTE PROJECTS PUBLISH A VARIETY OF MATERIALS ....

The Rural Exchange supported by the Research and Training Center for Rural Rehabilitation, is published quarterly and highlights topical articles on a broad range of disability issues and rural life. Supported employment, recreation, telecommunications and general information on rural disability are a few of the many subjects considered. Subscription is free.

The MSED Quarterly newsletter of the Montana Supported Employment Development Project, focuses on supported employment and related issues for people with disabilities in the state of Montana. Subscription is free.

Child Care plus + is a newsletter for integrated child care providers published by the Educational Home Model Outreach Project. Designed to enhance the integration of children with disabilities in child care settings by supporting care providers, parents and community service providers, *Child Care plus+*, highlights topics such as successful integration strategies, behavior management and nutrition. Subscriptions are free to current members of NAEYC and $5.00 per year to others.

The MonTECH News newsletter of the MonTECH Program, keeps subscribers informed about funding, equipment and other assistive technology topics. Subscription is free.

INFORMATION IS ALSO EXCHANGED THROUGH ...

- technical assistance,
- access to disability resource libraries and other information resources,
- a variety of seminars, lecture series, resource management forums, conferences, institutes, needs assessments and surveys, and
- fact sheets, training materials, reports and professional publications on rural disability issues are also available. Please request our publication list. A small fee is charged for some materials to cover cost of copying and postage.

Rural Disability Information Service 800/732-0323

Call the toll-free number for provide information and referral services for consumers, families, service providers, researchers, policy makers and other professionals interested in rural disability issues.

The Rural Institute on Disabilities receives core support from a grant from the federal Administration on Developmental Disabilities (#07DD0302/13). Independent centers and projects receive funding from a variety of federal, state and private sources.

Montana University Affiliated Rural Institute on Disabilities, 52 Corbin, The University of Montana, Missoula, MT 59812
406/243-5467 Voice/TT ♦ 406/243-2349 FAX ♦ 800/732-0323 Toll Free March 199

The University of Montana

Division of Educational Research and Service
School of Education
The University of Montana
Missoula, Montana 59812
(406) 243-5344

August 16, 1993

Donna M. DeStefano, Project Coordinator
Magnolia Circle Outreach Project
Peabody College
Department of Special Education
Vanderbilt University
Nashville, TN 37203

Dear Dr. DeStefano:

Thank you for expressing an interest in our programs. The Southeast Rural Service Delivery Conference looks like it should be a wonderful learning opportunity for families and early intervention providers. We would be pleased to have some of our resources included. The Division of Educational Research and Service administers two outreach projects, the Montana Early Intervention Outreach Project and the VIDEOSHARE Outreach Project. Both provide services to preschool special education teachers, early intervention providers and related service providers in rural areas. I am enclosing some of our products that might be useful for your conference participants.

The MERIT Program, developed by the Montana Early Intervention Outreach Project, is a comprehensive assessment and curriculum for early childhood special education. MERIT is designed to assist teachers in assessing children, planning their individual education programs, and monitoring their progress on an individual basis. Family involvement in this process is emphasized. Additional copies are available for interested participants for $25.

VIDEOSHARE MANUALS I and II, developed by the VIDEOSHARE Outreach Project, offer teachers an innovative way of supplementing traditional paper-based records with richly detailed video data. Data collected in the form of videotape records may be used to enhance transdisciplinary teaming, communication/training between families and professionals, transition planning and achievement documentation. Videotapes are especially effective in rural areas because they are easily transported across distances. The manuals describe the VIDEOSHARE Project and present strategies for implementing and evaluating the use of video records in integrated educational programs. Manuals I and II may be purchased for $10 per volume.

I hope your conference participants find these resources helpful. If you have any questions regarding our projects or materials, please feel free to contact us at the address and phone number above. ,

Sincerely,

Elizabeth Keeley

Elizabeth Keeley
Programs Coordinator

An Equal Opportunity University

SKI*HI INSTITUTE
Developing programs for children with special needs and their families.

SKI*HI INSTITUTE
Sensory Impaired Home Intervention

August 18, 1993

Donna M. DeStefano
Project Coordinator
Magnolia Circle Outreach Project
Vanderbilt University
Nashville, Tennessee 37203

Dear Ms. DeStefano:

Dr. Thomas Clark of Project AHEAD has forwarded to me your recent letter requesting materials for packets or a display at your upcoming conference on rural service delivery.

Since our SKI*HI and INSITE projects are designed to meet the unique needs of rural settings, we are enclosing 100 brochures for each of these projects. They may be placed in packets or displayed.

Each of the states included in your six-state region already has statewide service delivery using one or both of our projects, but we have learned that many professionals not directly connected with the SKI*HI or INSITE service agencies are not aware of them.

I am also enclosing for your inspection 100 brochures announcing a new professional organization for those involved in early programming for families of infants and young children with disabilities, especially sensory disabilities. The organization, AAHBEI, The American Association of Home-Based Early Interventionists, was started last year by professionals from across the country who have been using our models, but is expanding to include those from many other service configurations. We believe this is a unique opportunity not offered by any other professional organization. Please distribute these brochures at your conference if you feel it is appropriate.

Thank you for contacting the SKI*HI Institute.

Sincerely,

Dorothy Johnson

Dorothy Johnson
Outreach Coordinator

DJ/dp

Enclosures

pc: Don Barringer

United States Office of Special Education Projects

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Institute Director

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University of Idaho
Idaho Center on
Developmental Disabilities
129 W. Third Street
Moscow, Idaho 83843
(208) 885-6849

September 13, 1993

Donna DeStafano
Magnolia Circle Outreach Project
Peabody College, Vanderbilt University
Nashville, Tennessee 37203

Dear Donna,

A couple of weeks ago, I spoke to you regarding the letter you sent requesting project information for a conference you were sponsoring Sept. 30 and Oct. 1. I said that I would send you some material for you to display at your conference on our outreach project. I have included two sets of binders which have the parent booklets on early intervention for birth to three services and preschool services. A third binder has the parent satisfaction scales for receiving input on the services being provided. Order forms for the booklets and scales have been included. A flyer which contains information on the team-building services our project provides and flyers on two videos our project has developed have been included. The videos are titled "Resistance to Change" and "The IEP Meeting: Roles and Responsibilities" have been used quite effectively with teams of interventionists.

Our project serves primarily rural communities and sites within the communities. We have found that the material I am sending you have been very useful with the service providers we have worked with. Please feel free to disseminate all flyers and order forms. The binders are for display use and can be returned to our project at your convenience. If you have any questions, please feel free to contact me at (208) 885-6849. Thank you for this dissemination opportunity.

Sincerely,

Helen Hammond

Helen Hammond, Ph.D.
Project Director
Project Vision, University of Idaho
ICDD
129 West Third
Moscow, Idaho 83843

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VIDEO PRODUCTIONS

The IEP Meeting: Roles and Responsibilities

This video deals with team member roles and responsibilities surrounding their involvement in an IEP meeting. The video provides the viewers with a scenario of an IEP meeting. The need for more parental involvement and regular education teacher involvement has been highlighted. The video discusses critical issues for educators to consider regarding roles and responsibilities of individuals at an IEP meeting. Viewing time: 23 minutes

Project Information: Project Vision is a national outreach grant serving children and families from birth to eight years of age. Project Vision, under the co-direction of Dr. Helen Hammond-Ingalls and Dr. Jennifer Olson, provides technical assistance to service providers, administrators, and families in areas of team building, functional curriculum, least restrictive environment placement, and family involvement, Project Vision is housed at the University of Idaho's University Affiliated Program, the Idaho Center on Developmental Disabilities.

Executive Producer: Dr. Lawrence Ingalls is a consultant on Project Vision. Dr. Ingalls has an extensive background in working with service providing agencies as a special education teacher, a school psychologist, and as a consultant to school districts. The videos produced by Dr. Ingalls represent scenarios common to educators who encounter difficulty when serving children with disabilities and their families.

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OF EDUCATION

Volume 67, Number 4, Summer 1990

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FALL 1993

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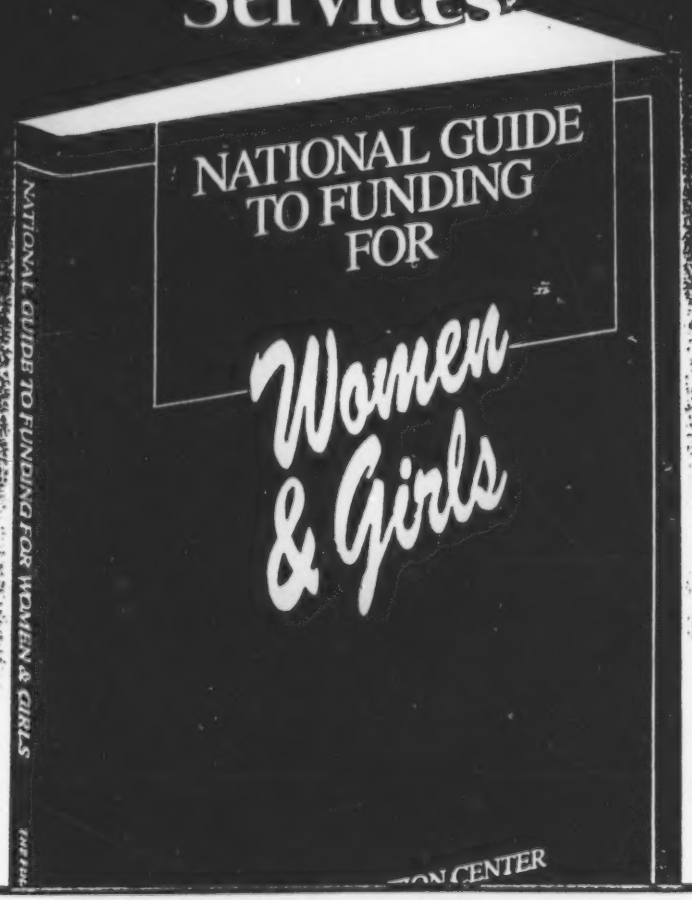

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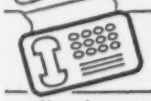

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October 11, 1993

Donna DeStefano
Magnolia Circle Outreach Project
Box 328, Peabody College
Nashville, Tennessee 37203

Dear Donna,

The following is our input regarding CDD,NCA, Inc.'s Early Childhood Program as requested at the recent Rural Service Delivery Conference.

CDD's Early Childhood Program serves 3 counties in North Alabama. The program has been able to utilize 3 sources of funding: a contract with the Department of Mental Health and Mental Retardation, a Part H grant from the State's Lead Agency, and Chapter I funds from the Department of Education.

The program currently serves 35 children with 30 of these children receiving home visits or services in the day care center they attend. The 5 children who come to the center for sessions do so by parent choice. At this time the program does not provide a center based class. Children who need integrated day care services are placed in the day care center of the parent's choice.

The payment for the Integrated Day Care Services is accomplished from a variety of sources. A few children have families who can pay for the cost of day care. Children in Foster Care can receive day care paid by the Department of Human Resources. Some families qualify for subsidized day care programs through DHR. Families who can not access any of the previously mentioned sources may then be eligible for financial assistance through the Early Childhood Program. We have found that paying for all or a portion of a child's integrated day care bill while providing special instruction/early intervention services at the day care is an option on a limited basis. The parents or day care provide transportation so the program does not have to pay for a van or bus.

Since our program covers mostly rural area, we do not have many local therapists or specialists. The program receives a small grant which pays for a physical therapist and a speech therapist once a month. The therapists serve as consultants to the program, providing recommendations for training activities. If the therapist feels a child is in need of out patient therapy, the service coordinator assists the family in finding resources using Medicaid or insurance to pay for the services.

Home visits are an important part of our program. By offering home visits, every family who wants services can participate. We provide home visits at least once a week. The program utilizes 4 para-professionals who provide the hands-on instruction. All activities are planned by the Coordinator who serves as the certified teacher for the program. The coordinator and trainers (para-professionals) work as a team similar to a teacher and aide in the public school system. The coordinator trains the staff on all activities and visits families periodically to keep track of the child's needs.

The program has a small lending library of videos and books along with an extensive file of handouts. Parents can check any topic on the resource checklist to receive videos or books on loan, or xeroxed copies of articles and information. Each parent is given a vinyl notebook at the time of enrollment for keeping all their home work sheets and information.

Through the service coordinator the program works with other agencies who serve the family to ensure that the child's needs are met (including medical needs, vision, hearing, social work services, and assistive technology).

CDD,NCA, Inc.
Early Childhood Program (205) 355-7596
P.O. Box 2091
Decatur, Alabama 35602

Sincerely,

Ginger Horn
Early Childhood Coordinator

Approved:

Constance K. Griffin, President/CEO

GH/c
cc: Reading File

COMMUNITY-BASED SERVICES PROJECT
P.O. Box 16826
4240 Legion
Lake Charles, LA 70616
(318) 491-2040/Inc 361-2040

Community-Based Services
Affiliated with LA Children's Special Health Services

Community-Based Services was established to function as a support and information organization for parents of children with special needs. Parents of children with special needs, chronic medical conditions, learning difficulties and other challenges have many needs: medical support, financial assistance, special child care, equipment, special education, case management, therapy, etc..... The emotional stress experienced by those families is significant and compounded by the task of dealing with multiple agencies and professionals. Parents in these circumstances can benefit from emotional support, peer guidance, information and contact with others who have developed skills for surviving similar situations. Parents who have learned to cope with their own special circumstances, can prove to be a most valuable resource to families new to the process. Having "been there" creates credibility, sensitivity, understanding, information and realistic hope.

The focus and daily operations of Community-Based Services are the following:

1. To stimulate and encourage the development of parent networking and parent-to-parent support systems.
2. To conduct and facilitate support meetings.
3. To participate in parent networking activities statewide through cooperation/collaboration with other support groups.
4. To empower parents through training and technical assistance through workshops and current information (newsletters, brochures, videos, lending library).
5. To attend all clinics held by Children's Special Health Services to disseminate materials, gather information, answer questions or "just listen".

COMMUNITY-BASED SERVICES PROJECT
P.O. Box 16826
4240 Legion
Lake Charles, LA 70616
(318) 491-2040/Inc 361-2040

We are Community-Based Services see the need for the parent support program and would be glad to answer any questions as to what is working for us and be glad to share information and certainly request the same of you.

Thank you for the sharing of information in Nashville and I look forward to learning more about your organization.

Community-Based Services

Gloria

Gloria Granger

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Tennessee's Early Intervention System - Upper Cumberland District

Tennessee's Early Intervention System (TEIS) is a free service including information and referral, continuing support, and service coordination for children, birth to three, with disabilities and their families. When needed services--such as evaluations/assessments, early intervention (center or home-based), PT, OT, speech, vision, and/or transportation--cannot be provided without cost to families by other agencies, Medicaid, or private insurance, TEIS can pay for those services. TEIS is funded by Federal Part H Fifth Year Implementation monies. The staff at TEIS-UC includes the Principle Investigator, a full-time and a half-time secretary, three full-time service coordinators, a half-time child-find/half-time service coordinator, and a contract compliance assistant. We work with: Home Partnerships Early Intervention Program, which provides home-based early intervention in eight of the 14 counties we cover; Kids, Incorporated, which provides center and home-based early intervention in several counties; Upper Cumberland Early Intervention Program, which provides center-based early intervention in five counties; Children's Special Services through the Regional Health Office, which can provide speech therapy and financial assistance with some medical expenses. We also contract with individual teachers and therapists and local home health agencies to provide additional home-based training and therapy, and we contract with regular preschool and daycare settings for integrated center-based opportunities. We are developing a network of local parent contacts to do child-find and provide parent support in their home county. Currently we have four part-time parent contacts, serving four of the 14 counties in the Upper Cumberland.

P. S. The conference was great!

Susan O'Connor

Susan O'Connor

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DeKalb County Schools, Dowellton, TN
Submitted by Merril Harris

Class - Preschool comprehensive development class. Serves children with all disabilities starting below 3 years to overlap with the TEIS system. Children stay until they transition to headstart at age 4, mainstream kindergarten at 5 or 6, or mid-level CDC when necessary. Most of our students are 3 or 4 years old.

Location - Smithville Elementary School in Smithville. Program serves children in entire county (population 13,000 folks altogether). Classes 15-20 children. Funding is preschool special education funding from the state. We transport the children if parents wish by contract with the Upper Cumberland Human Resources Agency vans. This has been an expensive but highly satisfactory arrangement.

We offer a center-based school year plus half day summer program, outreach home-based services when necessary. We do parent-training, family advocacy, social work, and service co-ordination. We work closely with other county agencies - Health Department, Child Protective Services, TEIS, adult activities center.

We're fortunate to have a full-time SLP for the past year and probably for a while. It's hard to find specialists who'll work in our county. Right now we have a pediatric P.T. on consult (just started this year, but she may leave after Christmas) once a month (for 6 of our preschoolers and 3 of the younger school-age children) who comes from North Carolina via Cookeville. We also have a pediatric O.T. on consult 4 times a year who comes from Nashville (since last year). We follow the programs they work up for us, and they'll write orders for equipment and make referrals. We pretty much follow the Part H model for service delivery for our preschoolers and their families.

Kentucky Special Parent Involvement Network (KY-SPIN) is a PTI, A Parent Training and Information Center, funded in part, by the U.S. Dept. of Education, Office of Special Education and Rehabilitation Services (OSERS). KY-SPIN is a statewide federally funded, non-profit organization that provides training, information and support to parents and families of children of all ages with all types of disabilities. Educators, doctors, therapists and other professionals also use SPIN resources. All staff of SPIN are parents of children with disabilities.

Through a "Parents Training Parents" model, community workshops are conducted on the issues of laws, rights, listening and communication skills and better understanding of disability conditions.

For more information call:

Kentucky Department of Education
Preschool Services
(502) 564-7056

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Kentucky Education Reform

Preschool

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Thomas C. Boysen,
Commissioner of Education

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Does your child .

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- ❑ turn head toward bright colors and light
- ❑ move eyes in same direction together
- ❑ recognize bottle or breast
- ❑ respond to loud sounds
- ❑ make fists with both hands
- ❑ grasp rattles or hair
- ❑ wiggle and kick with legs and arms
- ❑ lift head and chest while on stomach
- ❑ smile
- ❑ make cooing sounds

AT ABOUT 6 MONTHS:

- ❑ follow moving objects with eyes
- ❑ turn toward source of sound
- ❑ reach for objects and pick them up
- ❑ roll from stomach to back
- ❑ transfer objects from one hand to other
- ❑ play with toes
- ❑ help hold bottle during feeding
- ❑ recognize familiar faces
- ❑ babble

AT ABOUT 12 MONTHS:

- ❑ sit without support
- ❑ pull to a standing position
- ❑ crawl on hands and knees
- ❑ drink from cup
- ❑ enjoy peek-a-boo and patty cake game
- ❑ wave bye-bye
- ❑ hold out arms and legs while being dressed
- ❑ put objects into container

AT ABOUT 18 MONTHS:

- ❑ like to pull, push and dump things
- ❑ follow simple directions ("Bring the ball")
- ❑ pull off shoes, socks and mittens
- ❑ like to look at pictures
- ❑ feed self
- ❑ make marks on paper with crayons
- ❑ use 8-10 words that are understood
- ❑ walk without help

AT ABOUT 2 YEARS:

- ❑ use 2-3 word sentences
- ❑ say names of toys
- ❑ recognize familiar pictures
- ❑ carry an object while walking
- ❑ feed self with spoon
- ❑ play alone and independently
- ❑ turn 2 or 3 pages at a time
- ❑ like to imitate parents
- ❑ identify hair, eyes, ears and nose by pointing

AT ABOUT 3 YEARS:

- ❑ walk up steps alternating feet
- ❑ ride a tricycle
- ❑ put on shoes
- ❑ open door
- ❑ turn one page at a time
- ❑ play with other children for a few minutes
- ❑ repeat common rhymes
- ❑ use 3-4 word sentences
- ❑ use toilet

AT ABOUT 4 YEARS:

- ❑ balance on one foot 4-8 seconds
- ❑ jump from step
- ❑ dress and undress with little help
- ❑ wash hands alone
- ❑ play simple group games
- ❑ ask questions beginning, "What, Where, Who?"
- ❑ give first and last names

AT ABOUT 5 YEARS:

- ❑ catch a large ball
- ❑ bathe self
- ❑ dress alone
- ❑ speak clearly
- ❑ take turns with other children
- ❑ repeat nursery rhymes
- ❑ match 5 colors
- ❑ kick a large moving ball

Kentucky Education Reform Act of 1990
PRESCHOOL PROGRAMS

The Kentucky Education Reform Act of 1990 makes preschool education an important part of every school district's program.

PRESCHOOL PROGRAMS are educational programs that focus on the physical, intellectual, social and emotional development of 3-and 4-year-old children.

Preschool programs offered through the public schools have these components:

- preschool services for eligible children at no cost to parents
- activities that develop creativity and thinking skills through play
- partnerships with the parents through parent education
- cooperation among programs and with other agencies to provide services
- developmental, medical and health screenings

All school districts have funding available to serve two target groups of children, at no cost to parent:

PROGRAMS FOR FOUR-YEAR-OLDS

- Participating children must be eligible for free lunch AND age 4 by October 1 of the school year.
- Programs include developmentally appropriate activities for one-half school day.

SPECIAL NEEDS SERVICES

- Children with disabilities age 3 or above are eligible.
- Mainstream, center-based, home-based models for services are used.
- Related services such as speech, physical or occupational therapies or transportation are provided.

Often these KERA programs are offered in conjunction with HEAD START which also has funding to serve children meeting federal poverty guidelines and age 3 by October 1.

With STATE and FEDERAL funding, children have access to comprehensive, developmentally appropriate preschool programs.

In addition, school districts serve other children through optional preschool programs:

PACE (Parent and Child Education)
Family support program focusing on family literacy

Preschool class sites with Vocational Home Economics programs:
Consumer and homemaking programs
Child development services programs

Federal, local or special projects, such as Even Start — Family literacy involving parents and children

Early Intervention Program in the
Southwest Alabama Early Intervention Council Area

The program that is most promising in our area for meeting rural needs is a multidisciplinary, interagency evaluation and therapy program that uses a van to meet the needs of a rural area.

Rotary Rehabilitation Hospital in Mobile (a division of the Mobile Infirmary Medical System) had a van which was purchased and equipped through a grant. The pediatric therapy department provides occupational and physical therapists. Children's Rehabilitation Service (a division of the Alabama Department of Education/Early Intervention lead agency) provides a nutritionist and a social worker. The Department of Mental Health/Mental Retardation provides a home trainer, care coordinator and the funding. A Pediatrician in one county provides office space, consultation and some staff time.

The van operates one full day every three weeks. There is talk of expanding the program this year to more days and a second location. There is a great need in the three county area in which the DMR/MR program works. There are three to five referrals per month in this area.

Families call Child Find (or are referred) and they are connected to the DMH/MR program as soon as there is space. The child can be evaluated through the van program or the family can choose to go to Mobile to have an evaluation in a shorter period of time. The family may be able to see the van therapists about every second or third trip and in between the family is served by the home trainer and the care coordinator in the area.

Project CHILD
Griffith Elementary School
P.O. Box 819 Dunlap, TN 37327
School Phone
(615) 949-3840

Project Child

Project CHILD serves 3-6 year olds who are Developmentally Delayed in Sequatchie County, population 8863. Sequatchie County is located 35 miles Northwest of Chattanooga, Tennessee.

Project CHILD is a centerbased program that is housed at Griffith Elementary School and is administered through the Sequatchie County Board of Education. Funding for the program is based on number of children and hours served through State Education Funding, Preschool Incentive and IDEA monies.

Project CHILD is based on the theory that children learn through play. Sensory, motor, perceptual, and language skills are introduced through materials and activities in an activity-based environment with child-directed and teacher-directed activities.

The center's schedule is designed to balance structure and free choice, as well as, active and quiet times, which give children a sense of security and well-being.

Project CHILD at the present serves 35 children with 3 certified teachers and 4 assistants, a 1:5 teacher-child ratio. Project CHILD provides speech therapy, physical therapy, and

occupational therapy when needed by an individual child. Each child in the program has an Individualized Educational Program (IEP), which is written at the Multi-Disciplinary Team meeting by the members. Also, Project CHILD teachers provide parent training classes once a month to interested parents.

The location of the program at an elementary (Pre-K-4th grade) site has several advantages: access to school psychologist, guidance counselor, school nurse, playgrounds, lunch room, library, etc... Project CHILD bridges the gap from home to school easily in this setting.

Other wonderful programs in Sequatchie County include Adult Basic Education, JPTA, Community Education Classes, and a GED program for high school drop-outs ages 16-21 years, located at the Sequatchie/Bledsoe Vocational Center.

Project CHILD Coordinator

Marsha Hamblen Carr

H.A.T.S.
... on the move

Habilitation And Training Services, Inc.

P.O. Box 1856 - 545 Airport Blvd.
Gallatin, Tennessee 37066

SUMNER CO. CENTERS
545 AIRPORT BLVD.
GALLATIN, TN 37066
451-0974
244-5528

CHILD DEVELOPMENT CTR.
216 N. LOCUST ST.
GALLATIN, TN 37066
452-1054

ROBERTSON CO. CENTER
P.O. BOX 86 ADAIRVILLE PIKE
SPRINGFIELD, TN 37172
384-2571

EXECUTIVE DIRECTOR
JOHN McINTOSH

HATS Preschool Program

We are a developmental program for children with physical and/or mental delays birth-3 years of age.

We provide developmental assessments & screenings, physical therapy and speech therapy consultation, center and home based services, monthly home visits to centerbased children, parent training and referral to needed services we do not provide.

We are funded by DMH/MR of Tennessee, United Way and county match funds. We are contracted to serve 18 children for the '93-94 year. We have a morning program 8:30-11:30 and an afternoon program 1:30-3:30.

Since we are located in Gallatin, just 30 miles from Nashville, we are fortunate that our families are closed to needed services. But in our immeadiate area there is DHS, Sumner County Health Dept., local pediatricians, Cumberland Mental Health, TEIS Service Coordinator for Sumner County.

Sincerely,

Natalie Wade
Center Manager

United Way

Georgina Mowl
Rt. 8 Box 2460
Rogersville, TN 37857

Supporting Families - Hawkins County and part of Sullivan County
Parent to Parent - Hawkins County

SUPPORTING FAMILIES

Supporting Families is a program that gives families with special needs children, birth through age three, on going support. Many families have family members that they can depend on for support, while other families have nobody in the area. It depends on the families needs as to how much I am involved. Some only need a phone call or a home visit every two or three months, while others need constant support. At this time I have several families that I am in contact with on a weekly basis and even a daily basis.

To be eligible for Supporting Families a child must meet one of the following. Premature birth, Low birth weight, failure to thrive, one disability at 50% or two at 20% Referrals usually come from TEIS or the social workers at the hospitals. A referral can, however, come from anyone.

Once they are eligible for Supporting Families, I make contact with the family first by phone and then sent up a home visit. During this visit I make sure that they are linked with all the available services and we talk about what ever the family feels comfortable with. I usually tell them about my children and the trouble that I have had being a special needs parent myself and I will also tell them about our Parent to Parent group. Before I leave I will set up an appointment for my next visit and give them my home phone number and tell them to call me if they need me before the next visit. Many families will call me on a regular basis and I have become friends with alot of the families.

PARENT TO PARENT

Our Parent to Parent group is called P.A.R.E.N.T.S. which stands for Parents Are Responding to special Education Needs Through Team Support.

We meet the first Monday of every month a Surgoinsville Middle School, which is a center location in the county. We have child care available at all of our meetings and the ladies who provide child care for us are Special Education Teachers.

Our goals at this time is to give as much support to one another as we possibly can. We have attended the STEP workshop, had Lois Simmington from the East Tennessee Technology Access Center to come to present a workshop on technology, John Pennington from Mountain

Region Speech and Hearing has been one of our speakers, the Superintendent of the Hawkins County School system has attended to hear our complaints, and we have taken CPR classes. Our present goal is to start an ARC in Hawkins County.

We are in contact with over 50 parents at this time.

OTHER PROGRAMS IN OUR AREA

We have TEIS and Infant Toddler Program for ages birth to 3. The only resources we have for ages 3 to 22 is the school system. When our special needs people reach adulthood we have Helping Hands. We also have Children Special Services which is birth to 22.

Other services that are available to us from other counties at this time is the ARC of Washington County and Greene Valley, which is in Greene County. We also have Cerebral Palsy of East Tennessee, which is 32 counties wide. At this time I am the Chairperson for Hawkins County for Cerebral Palsy of East Tennessee.

At this time we have to look outside of our county for alot of services. That is why we are trying to start an ARC here in Hawkins County. I have a meeting set for November 23 to meet with Roger Blue.

OTHER

ICC (Interagency Coordinating Council)
Parent Information and Training Centers

Alabama

3-5 (Section 619) Contact
Beverly Hunter, 619 Coordinator
Program for Exceptional Children and Youth
State Department of Education
Gordon Persons Building
50 North Ripley Street
Montgomery, AL 36130-3901
(205) 242-8114
SpecialNet: AL.SE
Fax: 205-242-0482

Infant/Toddler (Part H) Contact
Ouida Holder, Acting Part H Coordinator
Kim Hill, Diane Roberts, & Charlotte Smith, Part H Staff
Early Intervention Program
Division of Rehabilitation/CRS
State Department of Education
2129 East South Blvd., Box 11586
Montgomery, AL 36111-0586
(205) 281-8780, Ext. 390 (Frederick)
Ext. 393 (Hill)
Ext. 396 (Roberts)
Ext. 394 (Smith)
SpecialNet: AL.EI
Fax: 205-281-1973

Chair, Interagency Coord. Council
[Position Vacant]

(See sheet following)

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Joseph A. Buckhalt, Director
School Psychology Specialty in Early Intervention
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Auburn, AL 36849-5222
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James Wright, Director
Training of ECEH Personnel and Minority Recruitment
School of Education
Auburn University at Montgomery
7300 University Drive
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(205) 244-3415 or -3457
Fax: 205-244-3762

Barbara Cody, Director
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Fax: 205-851-5538

Ray Elliot, Director
Doctoral Training in Research and Early Childhood Special Education
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ALABAMA'S INTERAGENCY COORDINATING COUNCIL
CURRENT MEMBERS (AS OF SEPT. 8, 1993)

Wayne Teague, State Superintendent
Alabama Department of Education

David Toney, Commissioner
Alabama Medicaid Agency

Glenn Hager
United Cerebral Palsy of Mobile

Samera Baird, Ph.D.
Auburn University, Auburn

Dennis Campbell, Parent
Auburn University, Auburn

Andy Hornsby
Alabama Department of Human Resources

Harriet Cloud, Nutritionist
University of Alabama at Birmingham

James Dill
Alabama Insurance Department

Richard Hanan (Chairman)
Alabama Department of Mental Health and Mental Retardation

Donald Williamson, M.D., Health Officer
Alabama Department of Public Health

Joseph Busta, President
Alabama Institute for Deaf and Blind, Talladega

Susan Colburn, Parent and Service Coordinator,
H.O.P.E. Project, Montgomery ARC, Montgomery

Karolyn Payne Elliott, J.D., Parent and Director of Provider Services,
Lakeshore Inc., Birmingham

Thomas Nolan, M.D.
Charles Henderson Child Health Center, Troy

Jabo Waggoner, Senator
Alabama Legislature

Arkansas

3-5 (Section 619) Contact

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Little Rock, AR 72201
(501) 682-4222
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Fax: 501-682-4313

Infant/Toddler (Part H) Contact

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7th and Main Streets
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Bill Geiger, ICC Co-Chair
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[Position Vacant]
ICC Co-Chair

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Mary Hendricks, Director
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Infant/Toddler (Part H) Contact

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Marge Allen, Part H Staff
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Department of Mental Health & Mental Retardation Services
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Training Rural Educators in Kentucky — Distance Learning (TREK-DL)
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EEPCD Demonstration Project

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A Mechanism to Utilize Integrated Early Intervention Teams for Infants and Toddlers with Multiple Disabilities
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University of Southern Mississippi
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Donna De Stefano, Coordinator*
Evelyn Hale, Regional Coordinator
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DPP Personnel Preparation Grants

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Fred Bess, Director
Communicative Disorders in Children: Early Identification, Assessment and Intervention
Division of Hearing & Speech Sciences
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School of Medicine
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Ann Kaiser, Director
Leadership Training in Early Childhood Special Education
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Nashville, TN 37203
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Preparation of Leadership Personnel: Audiology, Hearing Impairment, and the High-Risk Infant
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Harold Mitchell, Director
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Department of Speech Pathology and Audiology
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Eva Horn and Samuel Odom, Co-Directors
Training of Early Intervention and Preschool Personnel
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Box 328
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Special Education Action Committee, Inc. (SEAC)

Address and Phone

P.O. Box 161274
Mobile, AL 36616-2274
(205) 478-1208 (Voice / TDD)
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3207 International Drive, Suite C
Mobile, AL 36606

SEAC Outreach Office
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Special Net User Name

Fax Number

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Newsletter Name, Frequency of Publication

IMPACT, bi-annual

Project Director or Contact Person(s)

Carol R. Blades, Director

Primary Geographic Area Served

State of Alabama

Publication/Materials List

Major Activities and Services

- Basic Workshops
- Individual assistance/training
- Trainer of Trainer Workshops
- Public Awareness Programs

Special Areas of Expertise

Individual assistance and problem solving strategies for parents; strategies for documenting needed services; successful procedures for developing complaints to OCR, SDE, OSEP; using school records to determine special education needs, including evaluations in areas of special education needs and computer application for data base.

Additional / Distinctive Characteristics

- Rural Area Parent Trainers: Target Area Parent Trainers provide a network of assistance across the state
- A training manual synthesizing federal and state laws, regulations, with SDE policies and procedures
- Public Service Announcements
- IMPACT Newsletter
- A toll-free telephone number and Key Personnel Information Sheet
- SEAC outreach office located in Birmingham
- TDD / Voice communication

Training Services/Strategies	Workshop	Printed Materials	Training of Trainers	Individual Assistance	Other Formats
Training services for parents about:					
Basic Rights; IDEA	X	X	X	X	X
Assessment / Evaluation	X	X	X	X	X
Communication Skills	X	X	X	X	X
IEP Development	X	X	X	X	X
Due Process Procedures	X	X	X	X	X
Early Intervention; Transition to school	X	X	X	X	X
Transition (from home and school to work and the adult community)	X	X	X	X	X
Supported Employment		provide information referral assistance			
Effective Advocacy Techniques	X	X	X	X	X
Advocating in Medical Systems		X	X	X	X
Inclusion (LRE)	X	X	X	X	X
Training services/strategies of special interest to projects working with underserved groups					
Asian / Pacific Islander	X		X	X	X
American Indian	X		X	X	X
African American	X		X	X	X
Hispanic	X		X	X	X
Parents with low reading skills	X		X	X	X
Rural / Isolated	X		X	X	X
Homeless					
Inner City	X		X	X	X
Parents who lack writing skills	X		X	X	X

Materials available in a language other than English and/or in bilingual editions:

Project organization. Use of staff and volunteers:

- Staff are located in defined regions around the state
- Trained volunteers are located around the state
- Trained volunteers provide individual assistance
- *Other unique organizational descriptors:* Outreach office in Birmingham, Alabama for north central area of state

Computer Utilization

- IBM compatible system used for data processing (Q&A,4), word processing (WordPerfect 5.1) and networking.
- Inservice training for staff is provided on an as needed basis.

Project Development

Fundraising activities consist of solicitation to private foundations, corporations and donations.

Grantsmanship

Local, state, federal and corporate

ARKANSAS PARENT TRAINING PROJECT

- **ADDRESS AND PHONE**

ARKANSAS DISABILITY COALITION
10002 W. Markham, Suite B7
Little Rock, AR 72205
(501) 221-1330 Voice/TTY

FOCUS, INC.
2917 King Street, Suite C
Jonesboro, AR 72401
(501) 935-2750

- **SPECIALNET USER NAME**
- **FAX NUMBER**
- **NEWSLETTER NAME AND FREQUENCY OF PUBLICATION**

Lawline, quarterly

- **PROJECT DIRECTOR OR CONTACT PERSON(S)**

Bonnie Johnson, Arkansas Disability Coalition; Barbara L. Semrau, FOCUS

- **PRIMARY GEOGRAPHIC AREA SERVED**

State of Arkansas

- **PUBLICATION/MATERIALS LIST**

Arkansas Disability Coalition – No; FOCUS – Yes

- **MAJOR ACTIVITIES AND SERVICES**

The Project works with parents of children with developmental disabilities. Major activities include three levels of parent training: individual, group, and training parents to train others. The Project also provides support for parent groups and individuals working to advocate for people in their communities who have disabilities. The Parent Training Program was expanded last year with the help of four VISTA volunteers. Three additional volunteers will be recruited soon. The Project provides training to support groups throughout the state to train parents and to VISTA workers to implement training.

- **ADDITIONAL/DISTINCTIVE CHARACTERISTICS**

The purpose of the Arkansas Disability Coalition is to enhance the independence and dignity of all Arkansans with handicaps through advocacy, information sharing, and coordinating of member organizations. The coalition consists of nineteen groups that represent people with a wide variety of disabling conditions. We believe that cross-disability cooperation is the most effective way to address policy, legislative, and systemic issues that affect Arkansans with disabilities.

FOCUS provides individual parent training and individual assistance in all training service areas to traditionally uninvolved rural parents, the economically disadvantaged, teen-age parents, and African-Americans.

■ *TRAINING SERVICES/STRATEGIES*	Workshop	Printed Materials	Training of Trainers	Individual Assistance	Other Formats
Training services for parents about:					
Basic Rights; P. L. 94-142	X	X	X	X	
Assessment/Evaluation	X	X	X	X	
Communication skills	X	X	X	X	
IEP Development	X	X	X	X	
Due process procedures	X	X	X	X	
Early Intervention; P. L. 99-457	X	X	X	X	
Transition (from home and school to work and the adult community)	X	X	X	X	
Supported Employment	X	X	X	X	
Effective advocacy techniques	X	X	X	X	
Advocating in medical systems	X	X	X	X	
Integration (LRE)	X	X	X	X	
Negotiation	X	X	X	X	COALITION
Specific new school services for children with special needs	X	X	X	X	FOCUS
Training services/strategies of special interest to projects working with underserved groups:					
Asian/Pacific Islander					
American Indian					
African-American	X	X	X	X	FOCUS
Hispanic					
Parents with low reading skills	X	X	X	X	
Economically disadvantaged	X	X	X	X	
Rural/Isolated	X	X	X	X	
Homeless					
Teen-age parents	X	X	X	X	FOCUS

■ ***Materials available in a language other than English, and/or in bilingual editions:***

■ ***Project Organization. Use of staff and volunteers:***

- Staff are located in defined regions around the state
- Trained volunteers are located around the state
- Trained volunteers provide individual assistance
- Trained volunteers give workshops
- VISTA workers are located in specific regions of the state
- Other organizational characteristics: FOCUS concentrates on individual assistance and training, while the Arkansas Disability Coalition works primarily with groups

PARENT EDUCATION NETWORK OF FLORIDA, INC. (PEN)

- ***ADDRESS***

  5510 GRAY ST., Suite 220
  Tampa, FL 33609
  (813) 289-1122
  1-800-825-5736

- ***SPECIALNET USER NAME***

- ***FAX NUMBER***

- ***NEWSLETTER NAME AND FREQUENCY OF PUBLICATION***

  PENLINE, quarterly; *Pen Notes*, monthly

- ***PROJECT DIRECTOR OR CONTACT PERSON(S)***

  Janet Jacoby, Executive Director

- ***PRIMARY GEOGRAPHIC AREA SERVED***

  State of Florida

- ***PUBLICATION/MATERIALS LIST***

- ***MAJOR ACTIVITIES AND SERVICES***

  PEN provides statewide training for parents of children with handicaps on the subjects of communication, the laws, the evaluation process, and the IEP and also has a supported employment parent trainers project.

- ***ADDITIONAL/DISTINCTIVE CHARACTERISTICS***

  Training-of-trainer models with 31 trainers throughout the state.

■ *TRAINING SERVICES/STRATEGIES*	Workshop	Printed Materials	Training of Trainers	Individual Assistance	Other Formats
Training services for parents about:					
Basic Rights; P. L. 94-142	X	X	X	X	VIDEO
Assessment/Evaluation	X	X	X	X	VIDEO
Communication skills	X	X	X	X	VIDEO
IEP Development	X	X	X	X	VIDEO
Due process procedures	*	X	*	X	VIDEO
Early Intervention; P. L. 99-457		X		X	
Transition (from home and school to work and the adult community)		X	X	X	
Supported Employment	X	X	X		VIDEO
Effective advocacy techniques		X		X	
Advocating in medical systems		X			
Integration (LRE)	*	*	*	X	
Networking	*	*	*	*	
Homefile & Records	*	X	*	*	
Assertiveness skills	*	*	*	*	
* Included in other workshops					
Training services/strategies of special interest to projects working with underserved groups:					
Asian/Pacific Islander					
American Indian					
African-American					
Hispanic	X	X		IN SOME LOCATIONS	
Parents with low reading skills	X	X	X	X	
Economically disadvantaged			X	X	
Rural/Isolated					VIDEO
Homeless					

■ ***Materials available in a language other than English, and/or in bilingual editions:***

- P.L. 94-142, Communication, Evaluation, IEP — Spanish
- Parent introductory workshop for parents with limited reading skills — Spanish
- PEN brochure — Spanish

■ ***Project Organization. Use of staff and volunteers:***

- Staff provide workshops and individual assistance statewide
- Trained volunteers are located around the state
- Trained volunteers provide individual assistance
- Trained volunteers give workshops
- Regional training coordinator in the south

PARENTS EDUCATING PARENTS (PEP) and STOMP

ADDRESS

PARENTS EDUCATING PARENTS
Georgia ARC
1851 Ram Runway, Suite 104
College Park, GA 30337
(404) 761-2745

SPECIALIZED TRAINING OF MILITARY PARENTS (STOMP)
1851 Ram Runway, Suite 104
College Park, GA 30337
(404) 761-3150

SPECIALNET USER NAME

GATAPPSR

FAX NUMBER

(404) 767-2258

NEWSLETTER NAME AND FREQUENCY OF PUBLICATION

Education Update, quarterly; *Avanzando (en español)*

PROJECT DIRECTOR OR CONTACT PERSON(S)

Cheryl Knight, Parents Educating Parents, Project Director

Pat Smith, Georgia ARC, Executive Director

Heather Hebdon, Project Director, STOMP (Washington); Denise Neal, Parent Education Coordinator, STOMP (Georgia)

PRIMARY GEOGRAPHIC AREA SERVED

PEP: State of Georgia; STOMP: Southeastern U.S.A., entire U.S.A., and overseas

PUBLICATION/MATERIALS LIST

Available from PEP March, 1991

MAJOR ACTIVITIES AND SERVICES

PEP provides training and information on a statewide basis to parents of children with special needs ages birth to 21. The project also provides information on transition and adult services for parents of young adults leaving the school setting through workshops and individual assistance. PEP's philosophy is that parents possess unique knowledge about the development, nature, and needs of their children and therefore should become effective partners with professionals in planning and implementing appropriate programs. With sufficient information regarding laws, rights, and practices, parents can effectively participate in the education of their children.

PEP continues to develop a network of volunteer parent leaders throughout the state so that parents who have received training will share their training with others in their local communities and the work of the PEP project will be self-perpetuated.

ADDITIONAL/DISTINCTIVE CHARACTERISTICS

PEP provides training and information not only through workshops, but through specialized assistance to individual parents as well. Individual assistance includes phone consultations, reviews of records, and attendance at meetings with parents. Specific topical workshops are conducted throughout the year. The *Education Update*, with national and international circulation, is published quarterly as a continuing educational tool and includes a Spanish section. PEP also maintains a Parent Information Center through which parents can access national information.

STOMP has two offices, the central office in Washington and the office in Georgia. For a detailed listing of STOMP activities and workshops, see Washington.

■ *TRAINING SERVICES/STRATEGIES*	Workshop	Printed Materials	Training of Trainers	Individual Assistance	Other Formats
Training services for parents about:					
Basic Rights; P. L. 94-142	X §	X §	X §	X §	
Assessment/Evaluation	X §	X §	X §	X §	
Communication skills	X §	X §	X §	X §	
IEP Development	X §	X §	X §	X §	
Due process procedures	X §	X §	X §	X §	
Early Intervention; P. L. 99-457	X §	X §	§	X §	
Transition (from home and school to work and the adult community)	X §	§	§	X §	
Supported Employment	X §	§		X §	
Effective advocacy techniques	X §	§	§	X §	
Advocating in medical systems	X §	X §		§	
Integration (LRE)	X §	X §	§	X §	
Materials for families in the military (through Georgia STOMP and FAVV)	X §	X §	§	X §	
X = PEP § = STOMP					

Training services/strategies of special interest to projects working with underserved groups:

Asian/Pacific Islander		X (STOMP: IN PROCESS)			
American Indian					
African-American		(STOMP: IN PROCESS)			
Hispanic		X			
Parents with low reading skills					
Economically disadvantaged					
Rural/Isolated					
Homeless					

■ ***Materials available in a language other than English, and/or in bilingual editions:***

- In Spanish: Brochures – PEP, STOMP, TAPP, IEP, IPP, IWRP, *Does Your Child Need Special Education?;* Summary of Parents Rights under P.L. 94-142; Translation of P.L. 94-142; *Awareness Coloring Book,* Section 504, Special Education Process Overheads; *Avanzando* (newsletter)
- In Vietnamese, Chinese, Korean, Hmong, Japanese: A brochure on the PEP Project and the Special Education Process
- In Khmer and Lao: Parents Due Process Rights

■ ***Project Organization. Use of staff and volunteers:***

- Staff are located in defined regions around the state
- Trained volunteers are located around the state
- Trained volunteers provide individual assistance
- Other organizational characteristics: TAPP South Regional Center, Kathy Mitten, Technical Assistance Coordinator (see page iii for listing), Pat Smith, Director; CAPP, Jeffery Monforti, Coordinator; NEC*TAS: Cindy Arceneaux, Early Childhood Resource Specialist, Pat Smith, Director
- FAVV (Family Assistance for Vietnam Veterans – Don Bjornstad, Rita Larrabee)

Kentucky Special Parent Involvement Network (KY-SPIN)

Address and Phone

2210 Goldsmith Lane, Suite 118
Louisville, KY 40218
(502) 456-0923 (Voice & TDD)
800-525-7746

Special Net User Name

W.KYSPIN

Fax Number

Newsletter Name, Frequency of Publication

Spinning Wheel, bi-monthly

Project Director or Contact Person(s)

Paulette Logsdon

Primary Geographic Area Served

State of Kentucky

Publication/Materials List

Yes

Major Activities and Services

KY-SPIN provides information to parents of children with disabilities on a statewide basis. Parents of children with disabilities are trained in the elements of IDEA, Section 504 and Early Intervention, due process procedures and participation in the elements of IEP, community and site resources; listening and conference techiques; organizing, conducting and participating in meetings; and organizing parent groups as well as support networks.

Awareness training on attitudes and *Building Your Child's Self Esteem* also are available.

Additional / Distinctive Characteristics

KY-SPIN is operated on a regional basis (14 regions), with a parent coordinator who lives in each region.

Training Services/Strategies	Workshop	Printed Materials	Training of Trainers	Individual Assistance	Other Formats
Training services for parents about:					
Basic Rights; IDEA	X	X	X	X	
Assessment / Evaluation	X	X	X	X	
Communication Skills	X	X	X	X	
IEP Development	X	X	X	X	
Due Process Procedures	X	X	X	X	
Early Intervention; Transition to school	X	X	X	X	
Transition (from home and school to work and the adult community)	X	X	X	X	
Supported Employment	X	X	X	X	
Effective Advocacy Techniques	X	X	X	X	
Advocating in Medical Systems	X	X	X	X	
Inclusion (LRE)	X	X	X	X	
Self Esteem	X	X	X	X	
Training services/strategies of special interest to projects working with underserved groups					
Asian / Pacific Islander					
American Indian					
African American	X	X	X	X	
Hispanic	X	X	X	X	
Parents with low reading skills	X	X	X	X	
Rural / Isolated	X		X	X	
Homeless	X		X	X	
Inner City	X		X	X	

Materials available in a language other than English and/or in bilingual editions:

Large print, audio and video cassettes by July 1993 in topics of Basic Law, IEP, Communication and Self Esteem.

Project organization. Use of staff and volunteers:

- Staff are located in defined regions around the state
- Trained volunteers are located around the state
- Trained volunteers provide individual assistance
- Trained volunteers give workshops
- *Other unique organizational descriptors:* KY-SPIN has 14 regions, with a parent coordinator in each

Computer Utilization

IBM compatible system

Project Development

Fundraising is in the beginning stages.

Grantsmanship

Project PROMPT

Address and Phone,

4323 Division Street, Suite 110
Metairie, LA 70002-3179
(504) 888-9111
(800) 766-7736 (Toll free for parents),

Special Net User Name

Fax Number

(504) 888-0246

Newsletter Name, Frequency of Publication

The PROMPTer, quarterly

Project Director or Contact Person(s)

Debbie Braud and Rose Gilbert, Co-Directors

Primary Geographic Area Served

State of Louisiana

Publication/Materials List

Parent Manual
Color-coded IEP Form

Major Activities and Services

- To provide workshops to inform parents of their rights and responsibilities under IDEA and related laws, including effective communication techniques and participation in the Individualized Education Program (IEP).
- To provide supportive follow-up services, including a resource library and newsletter, for parents as they become more skillful participants in their child's educational program.
- To provide training for parents and volunteers who are willing to train other parents of children with disabilities, thus creating a network of parent trainers throughout the state.
- To provide support to parents in need of occasional help and information concerning various disabilities, medical services and supportive agencies.
- To provide technical assistance in developing family-directed family resource centers around the state.
- Collaboration with other agencies.

Special Areas of Expertise and Contact Person

Technical assistance in the development of a network of family-directed family resource centers statewide, contact - Debbie Braud

Additional / Distinctive Characteristics

Project staff work collaboratively with local and state agencies to establish and staff family-directed family resource centers around the state.

Training Services/Strategies	Workshop	Printed Materials	Training of Trainers	Individual Assistance	Other Formats
Training services for parents about:					
Basic Rights; IDEA	X	X	X	X	
Assessment / Evaluation	O	X	O	X	
Communication Skills	O	X	O	X	
IEP Development	X	X	X	X	
Due Process Procedures	O	X	O	X	
Early Intervention; Transition to school	X	X	X	X	
Transition (from home and school to work and the adult community)	X	X		X	
Supported Employment					
Effective Advocacy Techniques	O			X	
Advocating in Medical Systems					
Inclusion (LRE)	X	X		X	X
Assistive Technology	X			X	
					O included in workshops
Training services/strategies of special interest to projects working with underserved groups					
Asian / Pacific Islander					
American Indian					
African American				X	
Hispanic	In process				
Parents with low reading skills				X	
Rural / Isolated				X	
Homeless					
Inner City					

Materials available in a language other than English and/or in bilingual editions:

- Manual - Spanish
- Newsletter - Braille

Project organization. Use of staff and volunteers:

- Staff are located in defined regions around the state
- Trained volunteers are located around the state
- Trained volunteers provide individual assistance
- Trained volunteers give workshops
- *Other unique organizatinal descriptors:* PROMPT has eights regions with a parent trainer in each region.

Computer Utilization

IBM compatible system used for word processing (WordPerfect), database management (Q&A and dBase III) and accounting (Quicken and Quick Pay).

Project Development

Grantsmanship

Local, State and Federal

146

Association of Developmental Organizations of Mississippi, Inc. (ADOM)

Address and Phone

332 New Market Drive
Jackson, MS 39209
(601) 922-3210
(800) 898-1026 (Mississippi only)

Special Net User Name

Fax Number

(601) 922-6854

Newsletter Name, Frequency of Publication

MS-PAC MESSENGER, quarterly

Project Director or Contact Person(s)

Dr. Ginger Smith, Interim Executive Director

Primary Geographic Area Served

State of Mississippi

Publication/Materials List

Yes

Major Activities and Services

- Parent training on IDEA
- Individual assistance to parents and professionals
- Information and referral
- Workshops and Annual Conferences
- Building parent support groups
- Mediation of Special Education problems
- Legislature information
- Quarterly newsletter
- Lending Library
- Advocacy
- Rural access
- Networking with agencies

Additional / Distinctive Characteristics

- Building a parent network of support groups that are active in their communities
- Networking with Headstart and daycare centers in getting parents of children with disabilities involved in their educational process.

Training Services/Strategies	Workshop	Printed Materials	Training of Trainers	Individual Assistance	Other Formats
Training services for parents about:					
Basic Rights; IDEA	X	X	X	X	Video
Assessment / Evaluation	X	X	X	X	
Communication Skills	X	X		X	
IEP Development	X	X	X	X	Video
Due Process Procedures	X	X	X	X	Video
Early Intervention; Transition to school	X	X	X	X	Video
Transition (from home and school to work and the adult community)	X	X	X	X	
Supported Employment	X	X		X	
Effective Advocacy Techniques	X	X	X	X	
Advocating in Medical Systems	X	X		X	
Inclusion (LRE)	X	X	X	X	Video
Information Packets (Printed Materials): Basic, Attention Deficit Disorder, Learning Disabilities, Emotionally Distrubed, Preschool, Transition					
Training services/strategies of special interest to projects working with underserved groups					
Asian / Pacific Islander					
American Indian	X	X		X	
African American	X		X	X	
Hispanic					
Parents with low reading skills					
Rural / Isolated	X		X	X	
Homeless					
Inner City					

Materials available in a language other than English and/or in bilingual editions:

IDEA in Spanish

Project organization. Use of staff and volunteers:

Trained volunteers are located around the state

Computer Utilization

- IBM compatible and Casper systems used for word processing (Word Star) and data base management (Foxbase Plus).
- Inservice consists of training for word processing (two hours per week for three weeks).

Project Development

Grantsmanship

Federal

Support and Training for Exceptional Parents (STEPS)

Address and Phone

1805 Hayes Street, Suite 100
Nashville, TN 37203
(615) 639-0125
(800) 280-STEP (Tennessee only)
TDD Users call: 1-800-848-0298 (Tennessee Relay Service

Special Net User Name

Fax Number

(615) 636-8217

Newsletter Name, Frequency of Publication

STEP Ahead, quarterly

Project Director or Contact Person(s)

Carol Westlake, Project Director; Nancy J. Diehl, Program Director

Primary Geographic Area Served

State of Tennessee

Publication/Materials List

Yes

Major Activities and Services

- To provide training to parents through locally based workshops
- To inform parents of the availability of training opportunities
- To gather, revise, update, develop and distribute materials for training
- To publish a quarterly newsletter for parents
- To provide followup assistance to parents after training
- To identify and train parents to serve as community resource persons and/or as parent trainers

Additional / Distinctive Characteristics

- To provide information and training to traditionally underserved and underrepresented parents, particularly low-reading skill and educationally disadvantaged parents.
- To promote awareness and provide training or information regarding special issues, such as transition from school to community life, rights and advantages of least restrictive environment (LRE), and early childhood service initiatives.

Training Services/Strategies	Workshop	Printed Materials	Training of Trainers	Individual Assistance	Other Formats
Training services for parents about:					
Basic Rights; IDEA	X	X	X	X	AudioTape
Assessment / Evaluation	X	X	X	X	AudioTape
Communication skills	X	X	X	X	AudioTape
IEP Development	X	X	X	X	AudioTape
Due process procedures	X	X	X	X	
Early Intervention; Transition to school	X	X	X	X	
Transition (from home and school to work and the adult community)	Inprocess	X	X	X	
Supported Employment	X	X	X	X	AudioTape
Effective advocacy techniques	O	X	X	X	
Advocating in medical systems		X		X	
Inclusion (LRE)	X	X	X	X	
					O Include in other workshops
Training services/strategies of special interest to projects working with underserved groups					
Asian / Pacific Islander				X	
American Indican				X	
African American	X		X	X	
Hispanic				X	
Parents with low reading skills	X	X		X	Video&AudioTape
Rural / Isolated	X	X		X	Video&AudioTape
Homeless				X	
Inner City	X	X		X	

Materials available in a language other than English and/or in bilingual editions:

- Workshops materials - Audio
- Newsletter - Audio

Project organization. Use of staff and volunteers:

- Staff are located in defined regions around the state
- Trained volunteers are located around the state
- Trained volunteers provide individual assistance
- Trained volunteers give workshops

Computer Utilization

- IBM compatible system used for word processing (WordPerfect), database management (Q&A) and desktop publishing (Aldus Pagemaker)
- Inservice training for staff provided on an as needed basis.

Project Development

Grantsmanship